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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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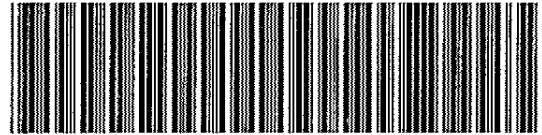
(Business Entity Name)

(Document Number)

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06/13/05--01010--003 **160.00

EFFECTIVE DATE
6-15-05

FILED
05 JUN 13 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

May 30, 2005

SUBJECT: Allen Business Enterprises, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Susan Allen
275 West 96th Street, Apt 17E
New York, NY 10025

For further information concerning this matter, please call Susan Allen at 212-665-4848.

Enclosed is a check for the following amount: **\$160.00** Filing Fee, Certificate of Status &
Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company, referred to in these Articles as the "Company", is
Allen Business Enterprises, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Company is:

6110 North Ocean Blvd., #36
Ocean Ridge, Florida 33435

ARTICLE III - Purpose of Organization:

The purpose for which the Company is organized shall include the transaction of any or all
lawful business for which limited liability companies may be organized under the Florida
Limited Liability Company Act.

ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Luanne M. Allen-Moore
6110 North Ocean Blvd., #36
Ocean Ridge, Florida 33435

*Having been named as registered agent and to accept service of process for the above stated
limited liability company at the place designated in this certificate, I hereby accept the
appointment as registered agent and agree to act in this capacity. I further agree to comply with
the provisions of all statutes relating to the proper and complete performance of my duties, and I
am familiar with and accept the obligations of my position as registered agent as provided for in
Chapter 608, F.S.*



Registered Agent's Signature

(CONTINUED)

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ARTICLE V- Managers:

The Limited Liability Company shall have Managers of the Company. The number of the Managers is two. The name and address of each Manager is as follows:

Name:

Address:

Susan B. Allen

275 West 96th Street, Apt 17E
New York, NY 10025

Luanne M. Allen-Moore

6110 North Ocean Blvd., #36
Ocean Ridge, Florida 33435

ARTICLE VI – Effective Date:

The Company is to have an effective date of June 15, 2005.

REQUIRED SIGNATURE:

Susan B. Allen

Signature

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Susan B. Allen

Typed or printed name

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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FLORIDA