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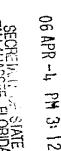
(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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COVER LETTER

	Division of Co				
SUBJEC	Т:	ALLENSMITH SE	RVICES, L.I	C.	
		(Name of Limite	d Liability Compa	iny)	
The enclo	sed Articles o	f Organization and fee(s) are s	ubmitted for filing	3 .	
Please ret	urn all corresp	oondence concerning this matte	er to the following	ŗ	
<u>P</u>	ETER \	W. ALLEN			
		C	Name of Person)		
A	LLENSMI	ITH SERVICES, L.L.	C.		
		(Firm/Company)		
5	085 PA	TTERSON LAN	IE		
			(Address)		
P	ACE, F	FL 32571			
		(City	State and Zip Code	;)	
For furthe	r information	concerning this matter, please	call:		
PETER W. ALLEN		at (850	449-36	12	
(Name of Person)		at (850 Area Code & Daytime Telephone Number)			
Enclosed	is a check fo	or the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy)	у	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding ecutive Center	ns Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
ALLENSMITH SERVICES, L.L.C. (Must end with the words "Limited Liability Company, "Limited	1 Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
5085 PATTERSON LANE PACE, FL 32571	5085 PATTERSON LANE PACE, FL 32571		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ared Agent. You must designate an individual or another		
The name and the Florida street address of the re	gistered agent are:		
PETER W. ALLEN Name			
5085 PATTERSON LA	5085 PATTERSON LANE		
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)		
PACE City, State, an	FL 32571 d Zip		
	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as		

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 (REQUIRED)

(CONTINUED) Page 1 of 2 6 APR -4 PM 3: 12

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

The fiame and address of each .	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	PETER W. ALLEN 5085 PATTERSON LANE PACE, FL 32571
MGRM	JACOB SMITH 5424 CAMILLE GARDENS CIRCLE MILTON, FL 32570
 	
(Use attachment if necessary)	
RTICLE V: Effective date, if other the an effective date is listed, the date mor 90 days after the date of filing.)	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Leter	w. allen
Signature of a r	member or an authorized representative of a member.

(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.)

PETER W. ALLEN

Typed or printed name of signee

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)

SECRETARIAN STATE