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SECRETARY OF STATE

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TRANSMITTAL LETTER

TO: Registration So Division of Co			
SUBJECT:	ALLEN & SON'S H	OLDING, LLC	
SUBJECT:	(Name of Limited	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	NICHOLAS VEN	ITRELLA	
•••	()	Name of Person)	
	BUSINESS BOO	OKKEEPING SERVICE, I	
	(1	Firm/Company)	72 .35
	2711 NW 6 STE	REET SUITE F	2006 NOV -3
	<u> </u>	(Address)	PH 12:
	GAINESVILLE, F	L 32609 State and Zip Code)	PH 12: 20
		• •	
For further information	concerning this matter, please	call:	
NICHOLAS V	ENTRELLA	352-375-2797	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	ET ADDRESS: tration Section on of Corporations	MAILING A Registration S Division of Co	ection

P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ATIEN	& SON'S HOLDING, 1	110				
ALLEN	a son s nombine, i	7110		<u> </u>		
ARTICLE II - Addr The mailing address a		e principal o	ffice of the Limited	Liability Comp	pany is:	
Principal Office Add	lress:	<u>Mailin</u>	g Address:			
4468 VIENNA GAINESVILLE		S	AME AS OFFICE AD	DRESS	200	S. Alic
ARTICLE III - Regi	stered Agent, Registe	ered Office,	& Registered Agen	t's Signature:	2006 NOV -3	ECRETARY SICK CO I
The name and the Flo	rida street address of t	he registered	agent are:		PH	글유디
	RAY F. ALLEN				PH 12:	i A
	Name			20	ילי בירר	
	4468 VIENNA W	OODS WAY				
		t address (P.O.	Box NOT acceptable)			
	Florida stree	•				
_	Florida stree	FL	32605			
_	GAINESVILLE	FL ate, and Zip	32605			

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature RAY F. ALLEN

(CONTINUED)

21 Hd E- AON 9007

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	RAY F. ALLEN	
	4468 VIENNA WOODS WAY	
	GAINESVILLE, FL 32605	
MGRM	JAMIE R. ALLEN	
	4468 VIENNA WOODS WAY	
	GAINESVILLE, FL 32605	
MGRM	PAT AMERSON	
	144 LOUANA COVE	
	HOT SPRINGS, ARKANSAS 71913	
MGRM	MICHAEL ALLEN	
	8470 SW 10 PLACE	
	GAINESVILLE, FL 32601	
(Use attachment if necessary)		

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a 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.)

RAY F. ALLEN

Typed or printed name of signee

,, ,