

107000023509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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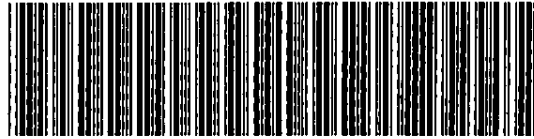
Special Instructions to Filing Officer:

W07-7213

DB

Office Use Only

EFFECTIVE DATE 3-10-07



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07 MAR -1 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Michael Allan Services  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Allan

(Name of Person)

Michael Allan Services

(Firm/Company)

3065 Mainsail Circle

(Address)

Jupiter, Florida 33477

(City/State and Zip Code)

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TALLAHASSEE FLORIDA

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For further information concerning this matter, please call:

Michael Allan at ( 561 ) 676-6171  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2007

MICHAEL ALLAN  
3065 MAINSAIL CIRCLE  
JUPITER, FL 33477

SUBJECT: MICHAEL ALLAN SERVICES LLC  
Ref. Number: W07000007213

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07 MAR - 1 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

We have received your document for MICHAEL ALLAN SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 9, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 507A00012172



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2007

MICHAEL ALLAN  
3065 MAINSAIL CIRCLE  
JUPITER, FL 33477

SUBJECT: MICHAEL ALLAN SERVICES LLC  
Ref. Number: W07000007213

07 MAR - 1 AM 11:59  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for MICHAEL ALLAN SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 9, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 407A00010464

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Michael Allan Services LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

3065 Mainsail Circle

Jupiter, Florida 33477

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Rebecca Allan

Name

3065 Mainsail Circle

Florida street address (P.O. Box **NOT** acceptable)

JUPITER FL 33477

City, State, and Zip

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TALLAHASSEE FLORIDA

*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.*

Rebecca Allan  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 3-10-07

**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

Michael Allan

3065 Mainsail Circle

Jupiter, Florida 33477

(Use attachment if necessary)

MARCH 10, 2007 MA.

**ARTICLE V:** Effective date, if other than the date of filing: February 1, 2007 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Michael J. Allan

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)

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07 MAR -1 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA