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(Requestor's Name)
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☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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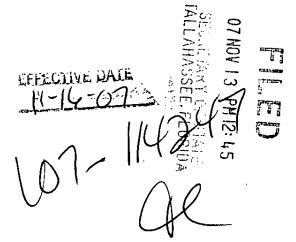
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Ulen Thon	d Liability Company)	·
	(rume or summe	a Liaemey Company)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
	Allen St	van	
	((Name of Person)	
morn	ng Along	anction co	
	/	(Firm/Company)	
1557	Cartton Ce	mentary Rd.	
0		(Address)	
Per	4 32 (City	348	
	(City	y/State and Zip Code)	
For further information of	concerning this matter, please	call:	
Wilma)	Sloan	at (SSO) SSO (Area Code & Daytime Telep	1-6032
(Name	of Person)	(Area Code & Daytime Telep	phone Number)
Enclosed is a check for	or the following amount:		
图\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	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 C Tallahassee, FL 32301	PHI2:45

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Allen Thomas Sloan L.C.C.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:
Derry 3l 32348 Parry 32 34348 Perry 32 34348
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: Name
2687 Foley Cutch Rd
Florida street address (P.O. Box NOT acceptable)
Perry FL 32348 City State, and Zip
Having been named as registered agent and to accept service of process for the above stated limit 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 all statutes relating to the proper and complete performance of my duties, and I amfamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 68, F. Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

<u>Fitle:</u> 'MGR" = Manager	Name and Address:
'MGRM" = Managing Member	·
mgr.	Allen Sloan 2687 Folg Cuts Rd
ngm	Wilmay Sloan
	Perry 31 13234 8
·	
(Use attachment if necessary)	

REQUIRED SIGNATURE:

prior

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.)

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)