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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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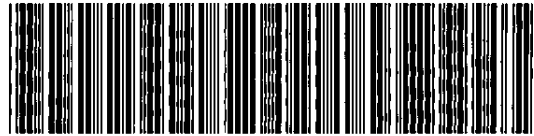
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
09 MAY 11 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAY 13 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLEN ROAD RETAIL Business Center, LLC
(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:

TRENT C. GOSS

(Name of Person)

ALLEN ROAD RETAIL Business Center, LLC

(Firm/Company)

10912 N 56th STREET

(Address)

TEMPLE TERRACE FL 33617-3004

(City/State and Zip Code)

For further information concerning this matter, please call:

TRENT GOSS

(Name of Person)

at

(813) 984-1533

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ARTICLES OF ORGANIZATION

Allen Road Retail Business Center, LLC

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is Allen Road Retail Business Center, LLC.

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

10912 N 56th Street

4. **Mailing Address.** The mailing address of the limited liability company is:


Temple Terrace, FL 33617-3004

5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.

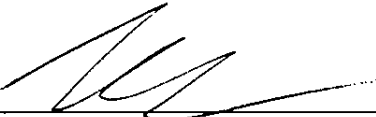
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

Trent C. Goss
10912 N 56th Street
Temple Terrace, FL 33617-3004

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 provision 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.


Trent C. Goss

7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:



Trent C. Goss
Member

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

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TALLAHASSEE
SECRETARY OF STATE