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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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EFFECTIVE DATE 415/2010

B. KOHR

JAN 2 1 2010

EXAMINER

SECRETARY OF STATE OF CORPORATIONS

COVER LETTER

EFFECTIVE DATE 1 15 2010

TO:

Registration Section
Division of Corporations

SUBJECT:	ALANS LAND CLEARING LLC			
	Name of Limi	ted Liab	oility Company	
The enclosed Articles	s of Organization and fee(s) are	submit	ted for filing.	
Please return all corre	espondence concerning this ma	tter to th	ne following:	
	RICHA	RD AI	AN ROGERS	10 JAH 19
		Name	of Person	垩
	ALANS L	AND	CLEARING LLC	ري
		Firm/C	Company	
	610	6 STA	FF ROAD	
 		Ad	dress	
	CRES	TVIE\	N, FL 32536	
			and Zip Code	
	E-mail address: (to be used	for furn	a annual sancet parification	
			e annuar report nontreatte	ou)
For further information	on concerning this matter, pleas	e call:		
RICHARD	ALAN ROGERS	_ at (850)	682-9487
Nan	ne 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	— Ce	55.00 Filing Fee & crtified Copy ditional 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIVIT ED LIABILITY COMPANY				
ARTICLE I - Name: The name of the Limited Liability Company is:	ORIDA LIVITED LIABILITY COMPANY ORIO ARING II C			
ALAN'S LAND CLE (Must end with the words "Limited Liabili	AITHO LLO			
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
6106 STAFF ROAD CRESTVIEW, FL 32536	6106 STAFF ROAD CRESTVIEW, FL 32536			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations) business entity with an active Florida registration.)				
The name and the Florida street address of the re	egistered agent are:			
RICHARD ALAI	N ROGERS			
Name				
6106 STAFF RD				
Florida street address (P.O. Box NOT acceptable)				
CRESTVIEW, FL 32536 FL				
City, State, an	d Zip			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a I further agree to comply with the provisions of all aformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608 F.S.			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
" MGR" 50%	RICHARD ALAN ROGERS 6106 STAFF ROAD CRESTVIEW, FL 32536
"MGRM" - 50%	MELODIE LYNN ROGERS 6106 STAFF ROAD CRESTVIEW, FL 32536
(Use attachment if necessary)	
	ne date of filing:JANUARY /5, 2010 . (OPTIONAl be specific and cannot be more than five business days

ARTIC L) s prior (If an ef to or 90

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.)

> RICHARD ALAN ROGERS 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)