

L1000086079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

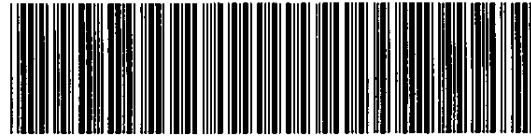
(Document Number)

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10 AUG 16 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 17 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2010

ADAM S BATCHELOR
PO BOX 702
KEYSTONE HEIGHTS, FL 32656

SUBJECT: ALLSAFE CTP, LLC
Ref. Number: W10000037555

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TALLAHASSEE, FLORIDA

We have received your document for ALLSAFE CTP, 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

The document must contain the entity's complete mailing address.

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
Regulatory Specialist II

Letter Number: 710A00019178

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALLSAFE CTP, 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:

ADAM S BATCHELOR
Name of Person

ALLSAFE CTP, LLC
Firm/Company

PO BOX 702
Address

KEYSTONE HEIGHTS, FL 32656
City/State and Zip Code

ERIK@WEHNERFINANCIAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIK J WEHNER EA at (904) 276-7686
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

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 TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALLSAFE CTP, LLC

(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:

PO BOX 702 5290 Almond Ct.
KEYSTONE HEIGHTS, FL 32656

SAME po. Box 702
Keystone Heights, FL 32656

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 an
business entity with an active Florida registration.)

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

ERIK J WEHNER EA

Name

515 COLLEGE DR

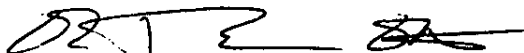
Florida street address (P.O. Box **NOT** acceptable)

MIDDLEBURG FL 32068

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGRM

ADAM S BATCHELOR

PO BOX 702

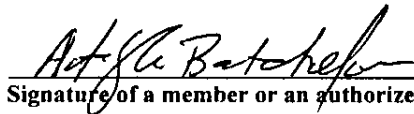
KEYSTONE HEIGHTS, FL 32656

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ADAM S BATCHELOR

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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)