

L100000124910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

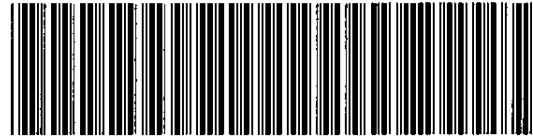
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

N100000034182

Office Use Only



400187619124

11/16/10--01032--018 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC -3 PM 1:39

FILED

J. SAULSBERRY
EXAMINER

DEC 6 2010

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Allison Cavallaro L.L.C.
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:

Allison Auld Cavallaro
Name of Person

Allison Cavallaro L.L.C.
Firm/Company

8995 Province Street
Address

Sarasota, FL 34240
City/State and Zip Code

allima35@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allison Cavallaro at (941) 552-9363
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

FILED
2010 DEC 13 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Allison Cavallaro L.L.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:

8995 Province Street
Sarasota, FL 34240

Mailing Address:

8995 Province Street
Sarasota, FL 34240

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:

Allison Cavallaro

Name

8995 Province Street

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

Sarasota, FL 34240

FL

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC -3 PM 1:39

FILED

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..

Allison Cavallaro

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

MGR

Name and Address:

Allison Cavallaro
8995 Province St.
Sarasota, FL 34240

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC -3 PM 1:39

FILED

(Use attachment if necessary)

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

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

REQUIRED SIGNATURE:

Allison Cavallaro

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Allison Cavallaro

Typed or printed name of signee