## L10000127731

•		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
5	510A0002	28916

Office Use Only



800188542838

12/13/10--01031--026 \*\*160.00

Effective Date 12-7-10

2010 DEC 13 PK 4: 15

J. SAULSBERRY EXAMINER DEC 14 2010

## **COVER LETTER**

TO:

**Registration Section** 

Division of C	•	AL SERVICE, LLC	
SUBJECT: ALLIA		ted Liability Company	· · ·
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
Jared Ke	elly		
		Name of Person	
Alliance	Industrial Service	e, LLC	
<del></del>		Firm/Company	
5855 N.	Stewart Street		one l
		Address	
Milton, Flo			VECTAN SECTION OF COLUMN
<u> </u>		ity/State and Zip Code	<u> </u>
jkelly@allia	Inceindserv.com	for future annual report notification)	
For further information	concerning this matter, pleas	•	
Jared Kelly	20	at (850 375.834	H
Name	of Person	Area Code & Daytime Telephone	Number
Enclosed is a check to	or the following amount:		
<b>]\$12</b> 5.00 Filing Fee [	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed)	60.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Compa	iny is:		
Alliance Industrial Service,	LLC		
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of	the principal office of the Limite	d Liability Co	mpany is
Principal Office Address:	Mailing Address:		
5855 N. Stewart Street	same		
Milton, Florida 32570			
ARTICLE III - Registered Agent, Registred Limited Liability Company cannot serve as its own business entity with an active Florida registration.)			
The name and the Florida street address o	of the registered agent are:		2010
Jared Kelly			DEC
	Name	F-9.7	Marrie de

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.

City, State, and Zip

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

Registered Agent's Signature (REQUIRED)

5855 N. Stewart Street

Milton

(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:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member	er	
MGRM	Jared Kelly	
	5855 N. Stewart Street	
	Milton, FL 32570	
MGRM	James Hopmeier	20
	5855 N. Stewart Street	= = =
	Milton, FL 32570	
		्रेट्ट <b>प्र</b>
		\$****, z-4**,
		R R
		्रिक्ट
(Use attachment if necessary)		
TEV: Effective date if other t	nan the date of filing: December 7, 201	0 (OPTIONAL
	nust be specific and cannot be more tha	
days after the date of filing.)		
•		
DECHIDED CLOSUSTING.		
<b>REQUIRED SIGNATURE:</b>	1)	
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE:	fun fund	
	member or an authorized representative of a	member.
Signature of	member or an authorized representative of a tion 608.408(3), Florida Statutes, the execution of	

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee