6110000062106

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
,
(Business Entity Name)
(Document Number)
Cartified Copies Cartificates of Status
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

MAY 2 6 2010

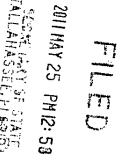
EXAMINER

Office Use Only



300207566123

05/17/11--01004--005 **130.00





May 18, 2011

PATRICK ALLEMAND 1651 ONECO AVE. WINTER PARK, FL 32789

SUBJECT: EXCELLANG LLC Ref. Number: W11000027521

We have received your document for EXCELLANG 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 011A00012382

COVER LETTER

то: '

TO: Registration Se Division of Cor			
SUBJECT: Excella	ang LLC		
30 0 00001.		ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	·
Please return all correspo	ondence concerning this mat	ter to the following:	
Patrick Al	lemand	N CD	20
		Name of Person	
Patton-OL	.B Corp		2011 HAY 2
		Firm/Company	
1651 One	co Avenue		AY 25 PM IZ
		Address	5
Winter Park	Florida 32789		1100
77.11.01		y/State and Zip Code	
contact@pat	ttonolb.com		
	E-mail address: (to be used	for future annual report notification)	
For further information c	oncerning this matter, please	e call:	·
Patrick Allemand		at (407) 574 5373	
Name o	f Person	Area Code & Daytime Telep	hone 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 Ci Tallahassee, FL 32301	ircle

•	
ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY; COMPANY
ARTICLE I - Name:	HM 25
The name of the Limited Liability Company is:	5 2 F
The name of the Emitted Blacking Company is:	
Evenlland IIC	
Excellang LLC (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
(Must end whit the words Limited Diabite	y company, e.e.c. or obe.
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1651 Oneco Avenue	1651 Oneco Avenue
Winter Park Florida 32789	Winter Park Florida 32789
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	
Patrick Allemand	
Name	
1651 Oneco Aver	nue
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Winter Park Florida 32789	FL
City, Sta	te, and 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 rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	7. 2
MOD	Patrick Allemand 1651 Oneco Avenue Winter Park Florida 32789
MGR	Patrick Allemand
	Winter Park Florida 32789
	Winter Park Florida 32/89
	<u> </u>
	mo mo
	pris
	>
	•
<u> </u>	
(Use attachment if necessary)	
CLE V: Effective date, if other than effective date is listed, the date mus 00 days after the date of filing.)	the date of filing: (OPTIONAL) It be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date mus 00 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date mus 00 days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL st be specific and cannot be more than five business days and cannot be more an authorized representative of a member.
CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a menuty of the date of the	st be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a menuty of the date of the	mbet of an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. Iformation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)

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)