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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	-
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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06/20/11-01024-006-\$160.00

Office Use Only

EFFECTIVE DATE 16/21/11

D. BRUCE

JUN 23 2011

EXAMINER



June 21, 2011

BARRY C. ALSOP 3622 NW 31ST TERRACE GAINESVILLE, FL 32605

SUBJECT: ALSOP DEVELOPMENT CORPORATION, L.L.C.

Ref. Number: W11000033348

We have received your document for ALSOP DEVELOPMENT CORPORATION, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 608, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

The name of the entity cannot include "Corporation." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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: 811A00015013



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALSOP DEVELOPMENT , 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:	
Barry C. Alsop	
Name of Person	
ALSOP DEVELOPMENT CORPORATION, L.L.C.	
Firm/Company	
3622 NW 31st Terrace	
Address	
Gainesville, Florida, 32605	
City/State and Zip Code	
bcalsop@hotmail.com	
E-mail address: (to be used for future annual report notification)	4.00
For further information concerning this matter, please call:	
Barry C. Alsop at (352) 338-0357	g i
Name of Person Area Code & Daytime Telephone Number	44.2
∑ _{i, i} €	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
ALSOP DEVELOPMENT, 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

Mailing Address:		
3622 NW 31st Terrace	_	
	_	
Registered Agent. You must designate an individual or a	MONTH AND	
ame		
Terrace	En, en	
et address (P.O. Box NOT acceptable)		
_{FL} 32605		
ti ia	3622 NW 31st Terrace Gainesville, Florida, 32605 ered Office, & Registered Agent's Signal Registered Agent. You must designate an individual or a the registered agent are: ame Terrace t address (P.O. Box NOT acceptable)	3622 NW 31st Terrace Gainesville, Florida, 32605 ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 0/21/11

ARTICLE I - Name:

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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Barry C. Alsop
,	3622 NW 31st Terrace
	Gainesville, Fl, 32605
MGR	Adriana Alsop
	3622 NW 31st Terrace
	Gainesville, Fl, 32605
•	
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: <u>June 21st, 2011</u> . (OPTIONAL) se specific and cannot be more than five business days pri
CLE V: Effective date, if other than the effective date is listed, the date must be	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a prember of a management of the constitutes an affirmation under I am aware that any false information constitutes a third degree felonger.	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REOUIRED SIGNATURE: Signature of a member of	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y 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)