

L11000100454

(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:

Office Use Only



100211303141

EFFECTIVE DATE
8-30-2011

08/31/11--01021--008 **160.00

FILED
11 AUG 31 AM 10:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

SEP 1 2011

GERALD BARBALATT
9340 ABBOTT AVENUE
SURFSIDE, FLORIDA 33154
646-339-0911
JBarbalatt@Parkerallen.com

August 30, 2011

VIA UPS

Registration Section
Division Of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6041

Re: "Parker Allen & Company, LLC."
Filing Application and Fees

Dear Registration Section:

Enclosed please find 2 copies of the Articles Of Organization for "Parker Allen & Company, LLC." and a check made payable to Florida Department of State in the amount of \$160. This is to cover: 1) the Filing fee for Articles of Organization and Designation of Registered Agent 2) a Certified Copy and 3) Certificate of Status.

Please process this request as soon as possible and let me know if you have any questions. I can be reached at either 646-339-0911 or by e-mail at JBarbalatt@Parkerallen.com.

Thank you in advance for your time and attention to this request and have a good day.

Sincerely,

A handwritten signature in black ink, appearing to read "Gerald Barbalatt", written in a cursive style.

Gerald Barbalatt

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Parker Allen & Company, 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:

Gerald Barbalatt

Name of Person

Parker Allen & Company, LLC.

Firm/Company

9340 Abbott Avenue

Address

Surfside, Florida 33154

City/State and Zip Code

JBarbalatt@parkerallen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerald Barbalatt

Name of Person

at (646) 339-0911

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Parker Allen & Company, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

EFFECTIVE DATE
8-30-2011

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9340 Abbott Avenue
Surfside, Florida 33154

Mailing Address:

9340 Abbott Avenue
Surfside, Florida 33154

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:

Gerald Barbalatt

Name

9340 Abbott Avenue

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

Surfside

FL 33154

City, State, and Zip

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SECRETARY OF STATE
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..

Gerald Barbalatt

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

Gerald Barbalatt

9340 Abbott Avenue

Surfside, Florida 33154

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 30, 2011. (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. 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.)

Gerald Barbalatt

Typed or printed name of signee

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)