

L11000117747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

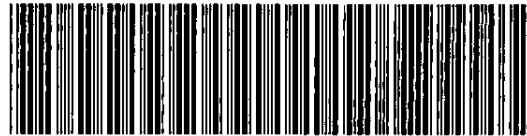
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2011 OCT 13 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 14 2011
EXAMINER

October 10, 2011

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Donna G. Allmond LLC

To Whom It May Concern:

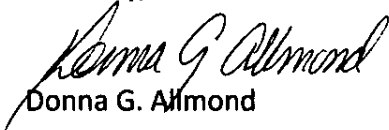
Find enclosed check in the amount of \$130 for filing Articles of Organization and Certificate of Status for Donna G. Allmond LLC.

All correspondence or information requests should be directed to:

Donna G. Allmond
P.O. Box 6204
Sun City Center, FL 33571-6204
813-449-2606
d.allmond@verizon.net

Please contact me with any questions.

Sincerely,


Donna G. Allmond

Enclosures: Articles of Organization
Check i/a/o \$130

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Donna G. Allmond LLC

(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:

218 Gloucester Boulevard
Sun City Center, FL 33573

Mailing Address:

P.O. Box 6204
Sun City Center, FL 33571-6204

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:

Donna G. Allmond

Name

218 Gloucester Boulevard

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

Sun City Center FL 33573

City, State, and Zip

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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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Donna G. Allmond

P.O. Box 6204

Sun City Center, FL 33571-6204

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/10/11. (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.)

Donna G. Allmond

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)