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SECRETARY OF STATE TALLAHASSEE, FLORDA



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Allen's Cleaning LLC Name of Limited Diability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher A Allen Name of Person
Firm/Company Tight
11165 Ronning Pine De Address
Riverview Florida 33569 City/State and Zip Code Chris Allen Oakhamail. Com E-mail address: (to be used for future annual report notification)
Chris Allen 02 Chama L. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher A Allen at (813) \$34-2045 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$155.00 Filing Fee & Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$Certified Copy \\
Mailing Address Registration Section Registration Section Registration Section

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

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:	FE G
Allen's Cleaning LLC (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	6.7. 6
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
0	
Principal Office Address:	Mailing Address:
Aiderviews Morida, 33569	Bivens Florida 33569
ARTICLE III - Registered Agent, Registered (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 re	agintarad agant ara

Christopher A Allen

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

Riservices Fl FL 3356Q

City, State, and Zip

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)

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=Christopher Allen	11165 Ronning Pine Dr Riverview Florida 33569
Manager =	Shadrick Allen 800 Brianday st Tallahasser A. 32305
(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.)	date of filing: (OPTIONAL e specific and cannot be more than five business days
REQUIRED SIGNATURE:	
	M

(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.)

Christopher A Allen
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)