L13000/30735

Requestor's Name)	
Address)	<u> </u>
Address)	
City/State/Zip/Phone #)	
☐ WAIT	MAIL
Business Entity Name)	
Document Number)	
Certificates of	Status
o Filing Officer:	
	:
SEP 1 6 2013	
A. LUNT	
	Address) Address) City/State/Zip/Phone #) WAIT Business Entity Name) Cocument Number) Certificates of o Filing Officer:

Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

RickAllen 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:

RickAllen Company Firm/Company 711 Forest Club Drive, Apt 303 Address Wellington, FL 33414 City/State and Zip Code RickAllenCo@gmail.com

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

For further information concerning this matter, please call:

Richard Al	le	er	1
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_{...}808

489-3989

Name of Person

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:

principal office of the Limited Liability Compa Mailing Address: 711 Forest Club Drive, Apt 303

711 Forest Club Drive, Apt 303
Wellington, FL 33414
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address (P.O. Box <u>NOT</u> acceptable)
me

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

MCD	Richard Allen
MGR	711 Forest Club Drive, Apt 303
	Wellington, FL 33414
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	the date of filing: (OPTIO)
LE V: Effective date, if other than fective date is listed, the date m or 90 days after the date of filing REQUIRED SIGNATURE:	the date of filing: (OPTIO) nust be specific and cannot be more than five busi
LE V: Effective date, if other than fective date is listed, the date mor 90 days after the date of filing REQUIRED SIGNATURE: Signature of a metal.	the date of filing: (OPTION nust be specific and cannot be more than five busing.)
rective date is listed, the date mor 90 days after the date of filing recordance with section constitutes an affirmation up I am aware that any false in	the date of filing: (OPTION nust be specific and cannot be more than five busing.)
LE V: Effective date, if other than fective date is listed, the date mor 90 days after the date of filing REQUIRED SIGNATURE: Signature of a mention of the constitutes an affirmation of the constitutes are affirmation of the	the date of filing:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)