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(Red	questor's Name)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

All Good Management

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:

Rita G. Meyer

All Good Management

Firm/Company

PO Box 536084

Address

Orlando, FL 32853-6084

City/State and Zip Code

allgoodmgt@gmail.com

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

For further information concerning this matter, please call:

Rita G. Meyer

321

2852324

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee

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□\$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

(Must end with the we	ords "Limited Liability Company, "L.L.C.," or "LLC.")	
(Musi ella with the wi	nus Elimica Embiny Company, E.E.C., or EEC.)	
ARTICLE II - Address:	11 Carried and Carried and Carried Links Comme	
The mailing address and street ac	ddress of the principal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
410 N. Burnett Road	PO Box 536084	
Cocoa, FL 32926	Orlando, FL 32853-6084	
The name and the Florida street a	address of the registered agent are: Name Name ***TOTALL STATE OF THE POPULATION AND T	
410 N. Burnet	it Nodu	
	Florida street address (P.O. Box NOT acceptable)	
410 N. Burnet Cocoa,	Florida street address (P.O. Box <u>NOT</u> acceptable) FL 32926	
	Florida street address (P.O. Box NOT acceptable)	

(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:

"MGRM" = Managing Member	
MGRM	Rita G. Meyer
	PO Box 536084
	Orlando, FL 32853-6084
	<u> </u>
	[변화 년]
	<u> </u>
	<u> </u>
	Take 1.1 to 1.5
(Use attachment if necessary)	
LE V: Effective date, if other th	an the date of filing: (OPTION
ffective date is listed, the date	must be specific and cannot be more than five busin
or 90 days after the date of fili	ng.)
REQUIRED SIGNATURE:	

(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.)

Rita G. Meyer

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)