

L14000028306

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(Address)

(City/State/Zip/Phone #)

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2014 FEB 19 2 11 PM  
FEB 19 2014

B. BOSTICK

FEB 19 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ALLSTAFF BUSINESS SOLUTIONS,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:

BILL G. AGALL

Name of Person

Firm/Company

2101 NORTH 9TH AVE.

Address

PENSACOLA,FL. 32503

City/State and Zip Code

bill\_agall@att.net

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

For further information concerning this matter, please call:

BILL G. AGALL

Name of Person

at ( 850 )

Area Code

554-7190

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:

ALLSTAFF BUSINESS SOLUTIONS,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:**

2101 NORTH 9TH AVE.  
PENSACOLA, FL. 32503

**Mailing Address:**

2101 NORTH 9TH AVE.  
PENSACOLA, FL. 32503

**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:

BILL AGALL, CPA

Name

3711 TIGER POINT BLVD

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


GULF BREEZE

City

FL 32563

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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2023 JUN 14 PM 5:03  
CLERK OF CIRCUIT COURT  
PENSACOLA, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

"AMBR" \_\_\_\_\_

**Name and Address:**

WILLIAM SHELTON

3715 TIGER POINT BLVD.

GULF BREEZE , FL. 32563

"AMGR" \_\_\_\_\_

BILL G. AGALL

3711 TIGER POINT BLVD.

GULF BREEZE , FL. 32563

"AMGR" \_\_\_\_\_

JENNIFER SHELTON

3715 TIGER POINT BLD.

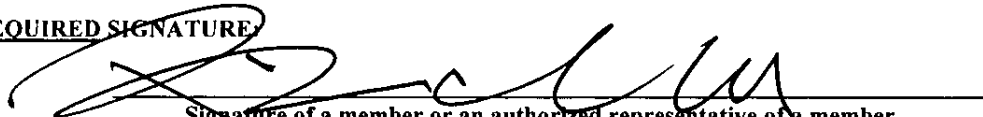
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

BILL G. AGALL

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)**

RECEIVED  
JAN 11 2008  
STATE OF FLORIDA  
DEPARTMENT OF STATE