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Certified Copies	_ Certificates	of Status
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T. BROWN

COVER LETTER

TO:

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Registration Section

Division of C	crporations	·	
SUBJECT:	Allegiani	S Enterprises, L mited Liability Company	LC.
The enclosed Articles	of Organization and fee(s) a	we submitted for filing.	
Please return all corres	spondence concerning this n	natter to the following:	
***************************************	Peter Al	legiani's	
		Firm/Company	,,
	5006 Pine	N'EW Cir	
	Delray Beac Pallegianis E-mail address:	h, FL 33445 City/State and Zip Code (a gmail: Code (to be used for future annual report	notification)
Peter Allegi Name	at (S61 654-0 Area Code Daytime Telepho	265 one Number
Enclosed is a check fo	\$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)
Regi Divi P.O.	iling Address istration Section ision of Corporations Box 6327 ahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLE I - Name: The name of the Limited Liability Company is: Allegian's Enterprises, 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: Mailing Address:

Delray Beach, FL 33445

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:

Peter Allegiani's

Name

Scoop Pineview Civ

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

Delvay Beach FL 33445

City 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)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Peter Allegianis 5006 Pine View Cir Delray Beach, FL 33445
	14. April 1989 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Use attachment if necessary)	
(Use attachment if necessary)	ate of filing: (OPTIONAL)
EV: Effective date, if other than the dective date is listed, the date must be	ate of filing: (OPTIONAL) specific and caunot be more than five business days prior to or 90 day
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EV: Effective date, if other than the dective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degre	specific and cannot be more than five business days prior to or 90 day

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)