

L14000045307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

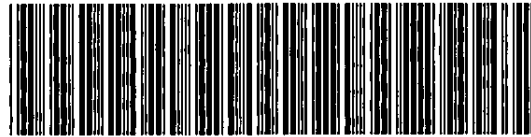
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W14-15172

Office Use Only



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03/07/14--01011--001 \*\*130.00

EFFECTIVE DATE 3-10-14

2014 MAR 17 A 7:53  
471720

B. BOSTICK

MAR 19 2014

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R&M Allen 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:

Ranarte Allen

Name of Person

Firm/Company

220 Petunia Terrace Apt 306

Address

Sanford, Florida 32771

City/State and Zip Code

RanarteAllen@gmail.com

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

For further information concerning this matter, please call:

Megan Allen

Name of Person

at ( 407 )

Area Code

373-4489

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

RECEIVED  
14 MAR 10 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAR 17 A 3:53

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R&M Allen 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:

220 Petunia Terrace Apt 306  
Sanford, Florida 32771

220 Petunia Terrace Apt 306  
Sanford, Florida 32771

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:

Ranarte Allen

Name

220 Petunia Terrace Apt 306

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

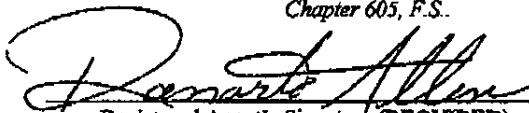
Sanford

FL 32771

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

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Ranarte Allen  
220 Petunia Terrace Apt 306  
Sanford, Florida 32771

AMBR

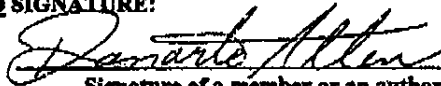
Megan Allen  
220 Petunia Terrace Apt 306  
Sanford, Florida 32771

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 03/10/2014 (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.)

Ranarte 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)

2014 MAR 17 A 10:53

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2014

RANARTE ALLEN  
220 PETUNIA TERRACE  
APT. 306  
SANFORD, FL 32771

SUBJECT: R & M (R AND M) ALLEN LLC  
Ref. Number: W14000015172

2014 MAR 17 A 0:53  
FILED

We have received your document for R & M (R AND M) ALLEN LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The name of your business is in question, should it read R & M (R and M) Allen LLC or R and M Allen LLC, please adjust accordingly.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 414A00005155