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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
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A STRUCTS MAY 0 7 2014

COVER LETTER

TO: Registration Division of C	n Section Corporations		
SUBJECT:	Slow With Name of Lir	Allison LLC	1
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
	Allison Poj	a wawski	
	U	Name of Person	
	<u> </u>	Firm/Company	
	3205 Sea	Shore Way	
		Stach, FL 32 Sity/State and Zip Code	25/
	allisonpal	egmail.com	
	E-mail address: (to be use	d for future annual report notifica	tion)
For further information	n concerning this matter, plea	ase call:	
Allipa	POSCINOUSKI at (_ ne of Person	321 704-2. Area Code Daytime Tel	895 ephone Number
Enclosed is a check fo	or the following amount:		
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	2\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy. (additional copy is enclosed)
Mai	iling Address	Street/Courier Addi	ress

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Glow With Allis (Must end with the words "Limited L	DON / C iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3205 Sea Shore Way Meibourne Beach, Fd 32951	1805 Sea Shore Way 3285
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	
3205 Sea SI Florida street address (P.O. Box I	NOT ecceptable)
Melhouise Deach	FL 3295/ Zip
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company of the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance actions of my position as registered agent as provided for in 605, F.S
Alliega Pani	anouski
Registered Agent's Signatu	re (REQUIRED)
(CONTINUE)	SSSS A Sharen
Page 1 of 2	FLORIDA FLORIDA

attachment if necessary) Effective date, if other than the date of filing: Other provisions, if any. DUIRED 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.) Filing Fees: Filing Fees: 15.00 Filing Fee for Articles of Organization and Designation of Registered Agent 15.00 Certificate of Status (Optional)	<u>Title:</u>	Name and Address:
attachment if necessary) Effective date, if other than the date of filing: Other provisions, if any. DUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (6)), 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.) Filing Fees: 15.00 Fliing Fee for Articles of Organization and Designation of Registered Agent 19.00 Certified Copy (Optional) 5.00 Certificate of Status (Optional)	"AMBR" = Authorized Member	
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