114000081173

(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:

Office Use Only



600260140396

05/20/14--01005--020 **125.00



14 HAY 20 AH 11: 2



MAY 2 0 2013 T. **HAMPTON**

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Allen Building and Postaration 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:
William A Allen III Name of Person
Allen Building and Restoration
1961 Colling Landing Rd Addless
TAllahussee Fl 32310
TAllahusse Fl 32310 City/State and Zip Code Rocky Ay W Yahoo . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sennifen Lindon at (850) 294-2688 Name of Person Area Code Daytime Telephone Number
Epclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

30

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 words "Limited Liability Company, "L.L.C.," or "LLC.")

Mailing Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

The Limited Liab	Registered Agent, Register oility Company cannot serventity with an active Floric	ve as its own Regi		t's Signature: ou must designate an indiv	idual or
The name and the	Florida street address of t	he registered agei	nt are:		
	William &	7 Alles T			
		Name			
	1961 Collin	15 Landi	ng Rd		
	Florida street addre	ess (P.O. Box <u>NO</u>	T acceptable)		
	Tallahass	ee	FL 323	10	
	Ci	tv	Zip		

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

14 MAY 20 AM II: 28

<u>Citle:</u> AMBR" = Authorized Member MGR" = Manager	Name and Address:
MBR	William A Allen III MGI Collins Landing For Tallyhassec Fl 32340
Use attachment if necessary)	
V: Effective date, if other than the tive date is listed, the date must b filing.)	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or
V: Effective date, if other than the tive date is listed, the date must b filing.) VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or
V: Effective date, if other than the tive date is listed, the date must b filing.) VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or
V: Effective date, if other than the tive date is listed, the date must b filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false in the time of the section constitutes and affirmation I am aware that any false in the time of the section constitutes are affirmation I am aware that any false in the time of the section constitutes are affirmation I am aware that any false in the section constitutes are affirmation I am aware that any false in the section constitutes are affirmation I am aware that any false in the section constitutes are affirmation I am aware that any false in the section constitutes are affirmation I am aware that any false in the section constitutes are affirmation I am aware that any false in the section constitutes are affirmation I am aware that any false in the section constitutes are affirmation I am aware that any false in the section constitutes are affirmation I am aware that any false in the section constitutes are affirmation I am aware that any false in the section constitutes are affirmation I am aware that any false in the section constitutes are affirmation I am aware that any false in the section constitutes are affirmation I am aware that any false in the section constitutes are affirmation I am aware that any false in the section constitutes are also as a section constitute and a section constitutes are	e specific and cannot be more than five business days prior to or
V: Effective date, if other than the tive date is listed, the date must b filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with sectio constitutes an affirmation I am aware that any false i constitutes a third degree I	a member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State

Page 2 of 2

14 HAY 20 AM II: 2