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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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TALLANASSEE, FLORIDA SECRETARY OF STATE

N. Guilly an AUG 192014

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: Garso	n Alliance		
	Name of Lir	nited Liability Company	
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.	
Please return all corr	espondence concerning this m	atter to the following:	
Dale G	arner	Name of Person	
		Name of Person	
Garson	Alliance LLC		
		Firm/Company	
895 Oa	k Leaf Ct.		
		Address	
Altamor	nte Springs, FL 32714		
		City/State and Zip Code	
Dgarner50@n	nsn.com E-mail address: (to be use	d for future annual report notifica	ation)
For further informati	on concerning this matter, ple	ase call:	
<u>Dale Garner</u> Νε	at (at (407) <u>782-8485</u> Area Code Daytime Te	lephone 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)
Re Di	ailing Address gistration Section vision of Corporations D. Box 6327	Street/Courier Add Registration Section Division of Corpora Clifton Building	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Garson Alliance LLC		·
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is	:
Principal Office Address:	Mailing Address:	
895 Oak Leaf Ct. Altamonte Springs, FL 32714	Same	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida registral The name and the Florida street address of the register and the Florida street address of the regis	wn Registered Agent. You must designate aration.)	individual or Mark 100 STATE 100 STA
<u>Dale Garner</u> Na	me	题 百月
895 Oak Leaf Ct. Florida street address (P.O. I	Box NOT acceptable)	GO STA
Altamonte Springs, FL 327	14MB FL	美元 5
City	Zip	
Challen	cept the appointment as registered agent and ons of all statutes relating to the proper and co	agree to act in this omplete performance
(CONTI	NUED)	

Page 1 of 2

	Title:	Name and Address:		
	"AMBR" = Authorized	Member		
	"MGR" = Manager			
	AMBR	<u>Dale Garner</u>	_	
		895 Oak Leaf Ct.		
		Altamonte, Springs, FL 32714	-	
	AMBR	Theodore Hudson		
		303 Whatley Dr.		
		Dothan, AL 36303	_	
			-	
			_	
			_	
			_	
			_	
			_	
	(Use attachment if neces	ssary)		
lf an e	LE V: Effective date, if o	sther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to or	90 days	after
If an ei he date	LE V: Effective date, if o	other than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to or	90 days	after
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ARTICLE IV-

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)