4500/8/25

(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:
W15-2605

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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 14, 2015

MARIE ALLISON 22075 NE 130TH COURT ROAD FORT MCCOY, FL 32134

SUBJECT: ALLISON PROPERTIES LLC

Ref. Number: W15000002605

We have received your document for ALLISON PROPERTIES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is 324833.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 515A00000756

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: NEBIOLO PROPER	oties LLC.		
	e of Limited Liability Company		
The enclosed Articles of Organization and f	fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
MARIE ALLISON			
	Name of Person		
A111			
	Firm/Company		
22075 NE 13	Oth COURT ROAD	No.	201
	Address	→	
FORT MCCoy FL	City/State and Zip Code	TAR HASS	201 OEC 3
	City/State and Zip Code	24 05 20 4 20 4	יין פ פורים
CHUCKLES M C HOTMA E-mail address: (to	be used for future annual report notification)	Y OF STATE SEE FLORIDA	,
For further information concerning this matt		IDA IDA	ง
MARIE Allisad	m 352 541 7717		
Name of Person	at (<u>352</u>) <u>546-2717</u> Area Code Daytime Telephone Number		
Enclosed is a check for the following amount	nt:		
	e & U\$155.00 Filing Fee & Statu Certified Copy (additional copy is enclosed) (additional copy is enclosed) (b) \$160.00 Filing Fee Certificate of Statu Certified Copy (action of the copy)	s &	s 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		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
NEBIOLO PROPERTIES 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 of	ffice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
22075 NE 130th COUPET ROAD FORT MC COY, FLORIOR 32134	22075 NE 130 th Count ROAD FORT Michay FLORIDA 32134	
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered Name Allison Name 12075 NE 130 the Florida street address (P.O. Box Florida street address (P.O. Box City Having been named as registered agent and to accept service.	Registered Agent. You must designate an individual of Agent Agent Agent are: Agent are: Agent Age	pany at
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	t the appointment as registered agent and agree to act in of all statutes relating to the proper and complete perform ligations of my position as registered agent as provided for ter 605, F.S	this nance
Mares Olle Registered Agent's Signat	ture (REQUIRED)	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Min All	
AMBR	MARIE Allison	
	FORT MC COY, FLORIDA 32134	
	•	
<u> MGR</u>	RICHARD AllisON	
	220 75 NE 130th COURT ROAD	
	FOR MCCOY, F-CORINA	
(Lice attachment if negerony)		
an effective date is listed, the date must be s	te of filing: <u>Jakuny</u> , <u>QO/S</u> . (OPTIONAL) specific and cannot be more than five business days prior to or 90 c	lays after
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