

L15000101646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

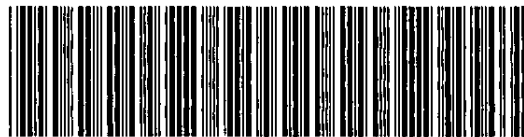
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15 JUN -9 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 11 2015

S. GILBERT



McCalla Raymer

1022 W. 23rd St, Suite 600
Panama City, FL 32405
T. (850) 392-0121 F. (866) 486-6672
www.mccallaraymer.com

ATLANTA
BIRMINGHAM
FT. LAUDERDALE
ORLANDO
PANAMA CITY
TAMPA

June 2, 2015

VIA U.S. MAIL

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Allied Premier of Northwest FL. LLC

Dear Sir/Madam:

Please find enclosed the following:

1. Check 94796 in the amount of \$160.00 for filing fee, Certified Copy and Certificate of Status;
2. Cover Letter;
3. Additional Copy; and
4. Self Addressed Return Stamped Envelope.

If you have any questions, please do not hesitate to contact our office.

Sincerely,

Jodena K. Beranek,
Administrative Legal Assistant to
Denise H. Rowan, Partner and
Eric A. Krebs, Associate

/jkb

Enclosure(s)



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Allied Premier of Northwest FL, 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:

Eric A. Krebs

Name of Person

McCalla Raymer, LLC

Firm/Company

P.O. Box 15758

Address

Panama City, FL 32406

City/State and Zip Code

eak@mccallaraymer.com

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

For further information concerning this matter, please call:

Eric A. Krebs	850	745-2635
at ()		
Name of Person	Area Code	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)
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Mailing Address

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

Street 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:

Allied Premier of Northwest FL, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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ARTICLE II - Address:

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

Principal Office Address:

2959 Frankford Ave.

Panama City, FL 32405

Mailing Address:

P.O. Box 9814

Panama City Beach, FL 32417

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:

Johnathan Savage

Name

2800 W. 14th Street

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

Panama City

Florida

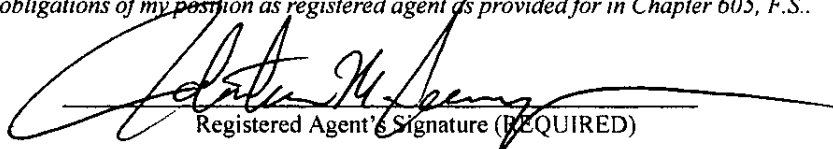
32401

City

State

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Allied Enterprises of NW Florida, Inc.

P.O. Box 9814

Panama City Beach, Florida 32417

(Use attachment if necessary)

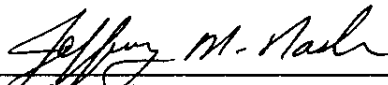
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

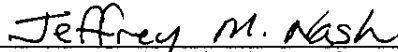
ARTICLE VI: Other provisions, if any.

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.)



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)