## L15000196477

(F	Requestor's Name)
A)	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Document Number)
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2015 NOV 12 PH 12: 32

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 26 LINE 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:
Caleb Bocci
Name of Person
Caleb Bocci Name of Person  Zhine—Chartos.
Firm/Company
12245 OVERER Hayh way
Address
Morathon PG 33050
City/State and Zip Code  Whateffurter of Gahaa  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(al Boces' at 908 Sec-1407
Name of Person Area Code Daytime Telephone Number
England in a short for the following amount:
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certific
(additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address Street Address
Mailing Address  New Filing Section  Street Address  New Filing Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 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:	ALLANDA PHIL
(Must end with the words "Limited Liability of	
ARTICLE II - Address: The mailing address and street address of the principal office of the	
Principal Office Address:	Mailing Address:
Marathan PL, 33USD	Calch boces Hyrung 12245 over Eas Hyrung marather Ph 3305
ARTICLE III - Registered Agent, Registered Office, & Registe	red 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:

Caleb bocci Florida street address (P.O. Box NOT acceptable)

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 Me 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..

ed Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Memi "MGR" = Manager	Name and Address:
uge.	Caleb Baco
· .	Maruthan PL 33050
(Use attachment if necessary)  CLE V: Effective date, if other the	n the date of filing: (OPTIONAL)  sust be specific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other the effective date is listed, the date is le of filing.)  If the date inserted in this block cument's effective date on the D	n the date of filing: (OPTIONAL)  nust be specific and cannot be more than five business days prior to or 90 day  does not meet the applicable statutory filing requirements, this date will not be l  partment of State's records.
CLE V: Effective date, if other the effective date is listed, the date is le of filing.)  If the date inserted in this block cument's effective date on the D	does not meet the applicable statutory filing requirements, this date will not be l
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