

L16000019062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

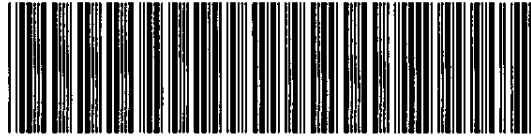
(Document Number)

Certified Copies _____

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16 FEB - 1 PM 2:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

16116-5518

MD 2/1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allen Communication Services 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:

Kyle Allen
Name of Person

Allen Communication Services LLC
Firm/Company

727 Kensington St
Address

Lakeland, FL 33803
City/State and Zip Code

Kyleallen0000@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle Allen at (765) 860-1640
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input checked="" type="checkbox"/> \$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/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2016

KYLE ALLEN
727 KENSINGTON ST.
LAKELAND, FL 33803

SUBJECT: ALLEN COMMUNICATIOM SERVICES LLC
Ref. Number: W16000005518

We have received your document for ALLEN COMMUNICATIOM SERVICES 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):

It appears that the word COMMUNICATIOM in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled COMMUNICATION. If you did not misspell this word intentionally, please correct the spelling to read COMMUNICATION and resubmit the document for processing.

Please return the corrected original and one copy of 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) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 316A00001729

COVER LETTER

TO: Registration Section
Division of Corporations

Allen Communication Services

SUBJECT: Allen Communication Services LLC

N 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:

Kyle Allen

Name of Person

Allen Communication Services

Allen Communication Services LLC

N

Firm/Company

727 Kensington St

Address

Lakeland, FL 33803

City/State and Zip Code

Kyleallen0000@aol.com

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

For further information concerning this matter, please call:

Kyle Allen

Name of Person

at (765)

Area Code

860-1640

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
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Mailing Address

Registration Section
Division of Corporations
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Tallahassee, FL 32314

Street/Courier Address

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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:

N
Allen Communication Services 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 office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

727 Kensington St
Lakeland, FL 33803

727 Kensington St
Lakeland, FL 33803

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:

Kyle Allen

Name

727 Kensington St

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

Lakeland

City

FL 33803

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..

Kyle Allen

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:

Kyle Allen

727 Kensington St

Lakeland, FL 33803

16 FEB -1 PM 2:57
CLERK OF COURT
STATE OF FLORIDA

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Kyle Allen

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.)

Kyle Allen

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)

Allen Communication^N Services LLC

727 Kensington St

Lakeland, FL

INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of Allen Communication^N Services LLC:

Kyle Allen
727 Kensington St
Lakeland, FL 33803

16 FEB - 1 PM 2:57
NOTARIAL PUBLIC
J. M. STEPHENSON

Kyle Allen
Kyle Allen, Organizer

01/10/16
Date