## L16000031486

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP' WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTEE.

TO: Registration Section Division of Corporations	·. :
SUBJECT: Nam	ne of Limited Liability Company
The enclosed Articles of Organization and	fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Penn	Name of Person
The	Shint Penny Firm Company
15026 L	SILROD DT Address
Tallahas Popyla E-mail address: (to	See F 32309  City/State and Zip Code  Sue 84 D Vahoo, Com  be used for future annual report notification)
For further information concerning this matter	er, please call:
Penny Parker Named of Person	_at (850)2746345
Enclosed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing I Certificate of S	fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327	Street Address  New Filing Section  Division of Corporations  Clifton Building

Tallahassee, Fl. 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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The name of the Limited Liability Company is:	ALE
The Shiny tonny LLC	16 FEB 16 AH 11: 10
(Must end with the words "Limited Libility Company, "L.L.C.")  ARTICLE II - Address:	SECRETARI OF STATE TALLAMASSEE FLORICE
The mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address: Mailing Address:	
TALLAHAGEE FL 32309	<del></del>
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 another business entity with an active Florida registration.)	dual or
The name and the Florida street address of the registered agent are:	
Florida street address (i' O. Box NOT acceptable)	
City State Zip	
laving been named as registered agent and to accept service of process for the above stated limited liability place designated in this certificate, I hereby accept the appoint a ref as registered agent and agree to act in th further agree to comply with the provisions of all statutes relatives. The proper rand complete performance of In familiar with and accept the obligations of my position as regular age. Its provided for in Chapter 60	his capacity. I f my duties, and I
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	
Page 1 of 2	

1990   AMBA" = Authorized Member	Name and Address:	16 FEB 16 AM 11:
"MGR" = Manager  CLONET	Penny Pan 15026 Wilhob Tallahassee	LET SECRETATION STA
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(Use attachment if necessary)	÷	· · · · · · · · · · · · · · · · · · ·
of filing.)	not meet the applicable statutory filing require	iess days prior to or 90 days after
LE VI: Other provisions, if any		
		<del></del>

, ,

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)