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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 04 2016  
T SCHROEDER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Allison Aubuchon Communications, 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:

Allison F. Aubuchon

Name of Person

Firm/Company

3336 Charleston Road

Address

Tallahassee, Florida 32309

City/State and Zip Code

allison.aubuchon@gmail.com

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

For further information concerning this matter, please call:

Allison Aubuchon

850

766-5255

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)

**Mailing Address**

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

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION**  
**OF**  
**ALLISON AUBUCHON COMMUNICATIONS, LLC**

Article I

The name of the Limited Liability Company is Allison Aubuchon Communications, LLC (hereinafter referred to as the "Limited Liability Company").

Article II

The mailing address of the Limited Liability Company is:

3336 Charleston Road  
Tallahassee, Florida 32309

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

3336 Charleston Road  
Tallahassee, Florida 32309

Article III

The name and Florida street address of the registered agent is:

Allison F. Aubuchon  
3336 Charleston Road  
Tallahassee, Florida 32309

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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.

Allison F. Aubuchon  
Allison F. Aubuchon

#### Article IV

The name and address of the persons authorized to manage the Limited Liability Company are as follows:

AMBR

Allison F. Aubuchon  
3336 Charleston Road  
Tallahassee, Florida 32309

#### Article V

The effective date of the Company shall be April 1, 2016.

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the

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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 section 817.155, Florida Statutes.

Allison F. Aubuchon  
Allison F. Aubuchon

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