L160002136

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Fiting Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Allen Innovations, LLC
SCBGI	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Sherry Allen
	Name of Person
	Firm/Company
	2322 Cadillac Street
	Address
	Sarasota, Florida 34231
	City/State and Zip Code
	AllenInnovationsLLC@gmail.com
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Sherry Allen 908 414-2183
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
] \$125.0	O Filing Fee \$\ \text{Certificate of Status} \text{S130.00 Filing Fee & 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street ad	with the words "Limited Liabi	f the Limited Lia	bility Company is: Mailing Address:	
			Mailing Address:	
-	nal Office Address:	2322 Ca	· · · · · · · · · · · · · · · · · · ·	
Sherry Allen		2322 Ca		
			dillac Street Sarasota, Fl 3423	1
			<u> </u>	
he name and the Florida street a	<i>5</i> · · · <i>5</i>			
	SHerry Allen Nam	e		
	Nan	e		
			otable)	
	Nam 2322 Cadillac Street Florida street address (P.O		otable) 34231	

(CONTINUED)

Page 1 of 2

Title:		Name and Address:
	uthorized Member	
"MGR" = Ma	nager	
MGR		Sherry Allen
		2322 Cadillac Street
		Sarasota, Florida 34231
	· · · · · · · · · · · · · · · · · · ·	
LEV: Effectiv	ent if necessary) c date, if other than the	date of filing: (OPTIONAL)
LE V: Effective frective date is e of filing.) If the date inser-	e date, if other than the listed, the date must be ted in this block does we date on the Departm	e specific and cannot be more than five business days prior to or 90 days
TLE V: Effective frective date is e of filing.) If the date insersument's effective terms of the content of the	e date, if other than the listed, the date must be ted in this block does we date on the Department ovisions, if any.	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be listent of State's records.
TLE V: Effective frective date is e of filing.) If the date insersument's effective terms of the content of the	e date, if other than the listed, the date must be ted in this block does we date on the Department ovisions, if any.	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be listent of State's records.
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LEV: Effective frective date is to of filing.) If the date insertament's effective care.	e date, if other than the listed, the date must be ted in this block does we date on the Department ovisions, if any. SIGNATURE: Signature of This document is earl am aware that any	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be listent of State's records.
LEV: Effective frective date is to of filing.) If the date insertament's effective care.	e date, if other than the listed, the date must be ted in this block does we date on the Department ovisions, if any. SIGNATURE: Signature of This document is earl am aware that any	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be listent of State's records. a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)