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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-6

KB

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alliance for Self Defense / Aitken Martial Arts *L.L.C.*
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:

Glen Aitken

Name of Person

Firm/Company

1216 Neoga Street

Address

Jupiter, FL 33458

City/State and Zip Code

glenaitkenjr@yahoo.com

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

For further information concerning this matter, please call:

Glen Aitken

561

252-2325

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Allaance For Self Defense / Aitken Martial Arts 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:

1216 neoga street Jupiter, fl 33458

Mailing Address:

1216 neoga street Jupiter, fl 33458

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:

Glen Aitken

Name

1216 neoga street

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

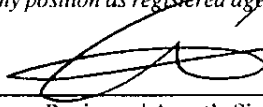
Jupiter, FL 33458

City

State

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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:

Glen Aitken

1216 Neoga Street

Jupiter, FL 33458

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.



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)

For Roadside Assistance: 800-531-8555

Report a claim, get coverage and deductible information, request a tow from the accident scene, schedule an appraisal or reserve a rental car using:

- usaa.com,
- USAA's Mobile App, or
- By calling **210-531-USAA (8722)**, our mobile phone shortcut number #8722 or 800-531-USAA.

Automobile Insurance Identification Card

This identification card is evidence of liability insurance for your vehicle. The card is valid only as long as liability insurance remains in force.

You may be required to produce your identification card at vehicle registration or inspection, when applying for a driver's license, following an accident or upon a law enforcement officer's request.

Keep a copy of the ID card in your vehicle at all times.

For your convenience, additional copies are available on usaa.com.

FFL1 Rev. 6-13

50786-0513__01

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
USAA GENERAL INDEMNITY COMPANY

POLICY IDENTIFICATION NO.	CO. CODE	EFF. DATE
03203 68 96G	7102 2 -09495	12/18/16

☒ PERSONAL INJURY PROTECTION BENEFITS
AND PROPERTY DAMAGE LIABILITY

☒ BODILY INJURY
LIABILITY

Name
GLEN R AITKEN JR
NICOLE AITKEN

VEHICLE DESCRIPTION
YEAR MAKE/MODEL
2003 TOYOTA

VEHICLE IDENTIFICATION NUMBER
1NXBR32E93Z072526

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE
Misrepresentation of Insurance is a first degree misdemeanor. Policy coverages extend to a rental car. See outline of coverage.

9800 Fredericksburg Road
San Antonio, Texas 78268

CONTACT US: 210-531-USAA(8722)

OR 800-531-USAA

Additional copies available at usaa.com

For **Roadside Assistance**: 800-531-8555

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USAA GENERAL INDEMNITY COMPANY

POLICY IDENTIFICATION NO.	CO. CODE	EFF. DATE
03203 68 96G 7102 2	-09495	12/18/16



PERSONAL INJURY PROTECTION BENEFITS
AND PROPERTY DAMAGE LIABILITY



BODILY INJURY
LIABILITY

Name

GLEN R AITKEN JR

VEHICLE DESCRIPTION

YEAR	MAKE/MODEL
2013	NISSAN

VEHICLE IDENTIFICATION NUMBER
JN8AS5MV8DW612732

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

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9900 Fredericksburg Road
San Antonio, Texas 78288

CONTACT US: 210-531-USAA(8722)

OR 800-531-USAA

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