

L18000030075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

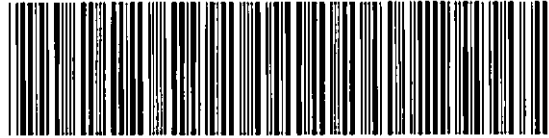
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RECEIVED  
DEPARTMENT OF STATE  
18 JAN 31 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
18 JAN 31 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 046705 4357219

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : January 30, 2018

ORDER TIME : 9:53 AM

ORDER NO. : 046705-005

CUSTOMER NO: 4357219

DOMESTIC FILING

NAME: ALISON NEWTON PLLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
18 JAN 31 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE FL 32301

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ALISON NEWTON PLLC

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:

JOHN LA ROSSA

Name of Person

JA LAROSSA CPA PC

Firm/Company

505 8TH AVENUE SUITE 12A01

Address

NEW YORK, NY 10018

City/State and Zip Code

JOHN@JALAROSSACPA.COM

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

For further information concerning this matter, please call:

JOHN LA ROSSA

212

594-9193

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALISON NEWTON PLLC

(Must contain 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:

430 AUSTRALIAN AVE APT 101  
PALM BEACH, FL 33480

Mailing Address:

C/O JA LAROSSA CPA PC  
505 8TH AVE NUE STE 12A01  
NEW YORK, NY 10018

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:

MARY ALISON NEWTON

Name

430 AUSTRALIAN AVE APT 101

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

<u>PALM BEACH</u>	<u>FL</u>	<u>33480</u>
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.*

Mary Alison Newton  
(Registered Agent's Signature (REQUIRED))

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

MARY ALISON NEWTON

430 AUSTRALIAN AVE APT 101

PALM BEACH, FL 33480

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

\_\_\_\_ Real Estate Sales. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Mary Alison Newton

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.

MARY ALISON NEWTON

Typed or printed name of signer

**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)

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TALLAHASSEE, FLORIDA