

L18000030075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

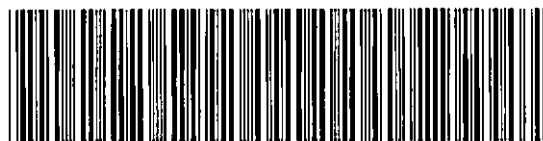
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RECEIVED
DEPARTMENT OF STATE
18 JAN 31 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 : *[Signature]*
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 32309

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 at (212) 594-9193
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 NWE 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
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