

L18000037684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

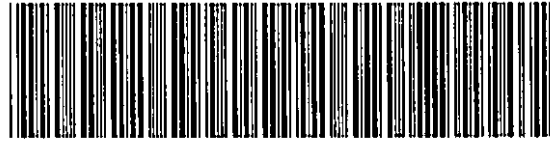
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

N CULLIGAN

FEB 14 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Allied Services of Citrus 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:

James M. Anderson Jr.  
Name of Person  
Allied Services of Citrus LLC  
Firm/Company  
2928 South Circle Drive  
Address  
Inverness Florida 34450  
City/State and Zip Code  
andersonjrjm@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Anderson at ( 352 ) 634-3119  
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



RECEIVED

2018 FEB 12 PM 1:00

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2018

JAMES M. ANDERSON JR  
2928 SOUTH CIRCLE DRIVE  
INVERNESS, FL 34450

SUBJECT: ALLIED SERVICES OF CITRUS LLC  
Ref. Number: W18000011028

We have received your document for ALLIED SERVICES OF CITRUS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 018A00002272

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Allied Services of Citrus LLC

(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:

Mailing Address:

2928 South Circle Drive

2928 South Circle Drive

Inverness, Florida 34450

Inverness, Florida 34450

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:

James M. Anderson Jr.

Name

2928 South Circle Drive

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

Inverness

Florida

34450

City

State

Zip

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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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.*

*James M. Anderson Jr.*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

"AMBR"

**Name and Address:**

Paula Marie Anderson  
2928 South Circle Drive  
Inverness, Florida 34450

(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:**

*James M. Anderson Jr.*

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.

James M. Anderson Jr.

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)

STATE OF FLORIDA  
DEPARTMENT OF STATE  
18 FEB 12 AM 8:45

FILED