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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MIZELL, MAYS, & PAYNE, P.A.
Account Number : I20060000056
Phone : (941)575-9291
Fax Number : (941)575-9296

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
ALLBRIGHT HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
2018 JUL 16 AM 9:24
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

18 JUL 16 PM 1:41

ARTICLES OF ORGANIZATION OF ALLBRIGHT HOLDINGS, LLC

Pursuant to Section 605.0201, Florida Statutes, these Articles of Organization for a limited liability company provide that:

ARTICLE I - NAME

The name of the limited liability company is ALLBRIGHT HOLDINGS, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the limited liability company is 21524 Dobbins Avenue, Port Charlotte, FL 33954.

ARTICLE III - REGISTERED AGENT

The name and street address of the initial registered agent for service of process is AGNES J. ALLBRIGHT, 21524 Dobbins Avenue, Port Charlotte, FL 33954.

ARTICLE IV - MANAGEMENT

The Company is to be managed by one or more members. The names and addresses of the two initial member-managers each of whom is separately and independently authorized to manage and control the limited liability company are as follows:

<u>Title:</u>	<u>Name and Address:</u>
Member-Manager	AGNES J. ALLBRIGHT 21524 Dobbins Avenue Port Charlotte, FL 33954
Member-Manager	PETER J. ALLBRIGHT 21524 Dobbins Avenue Port Charlotte, FL 33954

ARTICLE V - DURATION

The duration of this Company shall be perpetual.

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ARTICLE VI - PURPOSE

This Company is formed for the purpose of engaging in any lawful acts or activities for which limited liability companies may be formed under Section 605.0108(2) of the Florida Statutes.

(In accordance with section 605.0205(3) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated therein are true. The undersigned is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in F.S. 817.155)

IN WITNESS WHEREOF, the undersigned, has hereunto subscribed his name and affixed his seal this 13th day of July, 2018.

Witnesses:

Jonathan Baker
Print Name: Jonathan Baker

John B. Mizell
JOHN B. MIZELL, an authorized representative

Kim Dutton
Print Name: Kim Dutton

STATE OF FLORIDA
COUNTY OF CHARLOTTE

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgment, personally appeared JOHN B. MIZELL to me known to be the person described as authorized representative, and who executed the foregoing Articles of Organization, and he acknowledged that he executed the same for the purposes therein stated and did take an oath.

WITNESS my hand and official seal in the State and County aforesaid this 12th day of July, 2018.



ANNE CORMIER
MY COMMISSION # FF 243741
EXPIRES: June 23, 2019
Bonded Three Percent Notary Services

Anne Cormier
Printed Name: Anne Cormier
Notary Public – State of Florida
Commission No. FF 243741
My Commission Expires: June 23, 2019

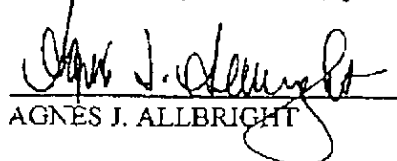
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is ALLBRIGHT HOLDINGS, LLC.
2. The name and address of the registered agent and office is:

AGNES J. ALLBRIGHT, 21524 Dobbins Avenue, Port Charlotte, FL 33954

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.


AGNES J. ALLBRIGHT

Dated: 7/13/18