

L19000205006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

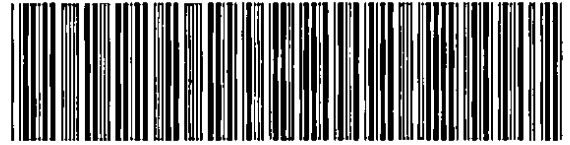
(Document Number)

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CLERK OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 14 PM 3:02

New LLC

DC

08/16/19

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** ALL STATE BAIL BONDS 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:

GARRY MENELAS

Name of Person

ALL STATE BAIL BONDS LLC

Firm/Company

1122 S. CONGRESS AVE SUITE B

Address

WEST PALM BEACH FLORIDA 33406

City/State and Zip Code

garry@allstbailbonds.com

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

For further information concerning this matter, please call:

GARRY MENELAS

561563-2245

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:

ALL STATE BAIL BONDS 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:**

1122 S. CONGRESS AVE SUITE B  
WEST PALM BEACH FLORIDA 33406

**Mailing Address:**

1122 S. CONGRESS AVE SUITE B  
WEST PALM BEACH FLORIDA 33406

**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:

GARRY MENELAS

Name

1122 S. CONGRESS AVE SUITE B

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

WEST PALM BEACH      FLORIDA      33406

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)

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DIVISION OF CORPORATION

**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:**

GARRY MENELAS

1122 S. CONGRESS AVE SUITE B

WEST PALM BEACH FLORIDA 33406

(Use attachment if necessary)

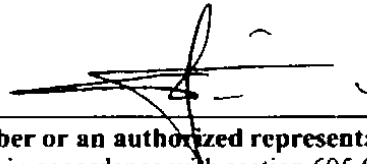
**ARTICLE V:** Effective date, if other than the date of filing: 3/21/2017 (OPTIONAL)

(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.

GARRY MENELAS

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)**



August 9<sup>th</sup> 2019

To Whom it may;

I hereby DO NOT intent to revoke the dissolution and give permission for myself to  
USE THE name to file a NEW LLC.

The LLC in question is ALL STATE BAIL BONDS LLC

Thank you,

GARRY MENELAS

A handwritten signature in black ink, appearing to be "Garry Menelas", written over a horizontal dashed line.