

L200000051680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

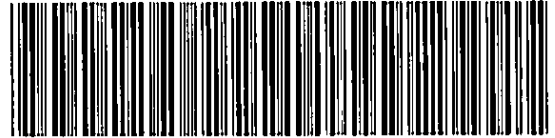
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20 FEB 20 PM 1:44
STATE
PALM BEACH COUNTY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2020

DAVID F. ALLEN
1535 E CROOKED LAKE DR
EUTIS, FL 32726

SUBJECT: DAVID F. ALLEN ATTORNEY AT LAW LLC
Ref. Number: W20000011891

We have received your document for DAVID F. ALLEN ATTORNEY AT LAW LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$130.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Shondreka M Bellenger
Regulatory Specialist II

Letter Number: 220A00002650

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: David F. Allen ~~III~~ Attorney at Law 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:

David F. Allen

Name of Person

David F. Allen Attorney at Law LLC

Firm/Company

1535 East Crooked Lake Drive

Address

Eustis, Florida 32726

City/State and Zip Code

david@lawyerallen.com

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

For further information concerning this matter, please call:

David F. Allen

407

247-8831

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

David F. Allen Attorney at Law 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:

1535 East Crooked Lake Drive

Eustis

Florida 32726

1535 East Crooked Lake Drive

Eustis

Florida 32726

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:

Elham Miraliakbari

Name

8755 The Esplanade #114

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

Orlando

Florida

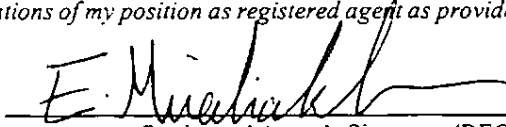
32836

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR _____

David F. Allen
1535 East Crooked Lake Drive
Eustis, Florida 32726

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

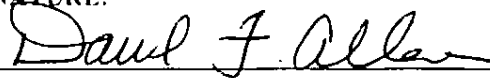
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

The Manager has all authority to operate the business, make elections for taxation, open and close business bank accounts, hire and fire employees and operate the business in compliance with State & Federal Laws and Florida Bar Requirements.

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.

David F. Allen

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)