

L23000437393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

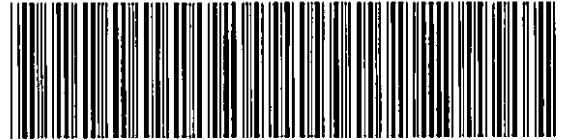
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700409385847

06/02/22-- 01029--009 \$125.00

2022 JUN -2 PM 11:17  
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HEREIN IS UNCLASSIFIED

COVER LETTER

UPDATED NAME  
Already Paid  
For 401918

TO: New Filing Section  
Division of Corporations

ALL IN PROPERTY LLC

SUBJECT:

~~ALL IN PROPERTY LLC~~  
~~ALL IN MADE 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:

Jet Love

Name of Person

Firm/Company

550 Mary Esther blvd unit 160

Address

Fort walton beach florida 32548

City/State and Zip Code

All777in777@gmail.com

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

- For further information concerning this matter, please call:

Jet Love

850

737-4198

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

2022 Jun -2 PM 1:17  
Tel: 904-498-1000

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALL IN PROPERTY LLC

~~All In Management~~

(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:

550 Mary Esther blvd unit 160  
Fort Walton beach Florida 32548

Mailing Address:

550 Mary Esther blvd unit 160  
550 Mary Esther blvd unit 160  
Fort Walton beach Florida 32548

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:

~~Rocket Lawyer Corporate Services LLC~~

Name

Jet Lowe

~~550 Mary Esther Blvd. unit 160~~

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

550 Mary Esther Blvd. unit 160

~~Fort Walton~~

City

Florida

State

~~32548~~ 32548

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.

~~Edna Perry~~ 

Registered Agent's Signature (REQUIRED)

EDNA PERRY ASST SECRETARY Rocket Lawyer Corporate Services LLC

(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/MGR

**Name and Address:**

Jet Love

550 Mary Esther blvd unit 160 , fort walton beach florida 32548

(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:**

\_\_\_\_\_  
**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.

Jet Love

\_\_\_\_\_  
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)