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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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D. BRUCE

JUL 16 2010

EXAMINER

COVER LETTER

то:	Registration S Division of Co						
SUBJI	ECT: ALVO L				····	_	
		Name of Limi	ted Liability Co	mpany			
The en	closed Articles of	of Organization and fee(s) are	submitted for f	īling.			
Please	return all corresp	pondence concerning this mat	ter to the follow	ving:			
	ALES VOLE	<					_
			Name of Persor	1			
	ALVO US L.L	C.					
			Firm/Company				
	139 NAPA RI	DGE WAY					
			Address			<u> </u>	÷.
	NAPLES, FL	34120					
		Ci	ty/State and Zip (Code	Z io	5	-
	ALESVOLEK	@VOLNY.CZ E-mail address: (to be used	F - F		96	70	J
For fur	ther information	concerning this matter, pleas		report notification)	Tanta SINT	2:42	C
ALES	VOLEK		at (239	,404-5919	· · · · · · · · · · · · · · · · · · ·		
		of Person		Code & Daytime Tele	ephone Number		
Enclos	sed is a check for	or the following amount:					
□ \$125.	.00 Filing Fee	2\$130.00 Filing Fee & Certificate of Status	S155.00 F Certified (additional	•	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	atus &)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Address tration Section ion of Corporation on Building Executive Center C hassee, FL 32301	s ·		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
ALVO UŠ L.L.C.	
(Must end with the words "Limited Liability Con	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address: Ma	iling Address:
39 NAPA RIDGE WAY	
NAPLES, FL 34120	
ARTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its own Registered Agent, business entity with an active Florida registration.) The name and the Florida street address of the registed MATCH POINT REALTY, INC Name 6790 SANDALWOOD LANE	red agent are:
Florida street address (F	O. Box NOT acceptable)
NAPLES FL 3 City, State, and	34109 Zip -
Having been named as registered agent and to accept liability company at the place designated in this ce registered agent and agree to act in this capacity. I fu statutes relating to the proper and complete perform accept the obligations of my position as registered	rtificate, I hereby accept the appointment as rther agree to comply with the provisions of all ance of my duties, and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:
"MGR" = Ma $"MGRM" = N$	inager Managing Member	
	7B.1B.1	
MGR		ALES VOLEK
		139 NAPA RIDGE WAY NAPLES FL 34120
		WAPLES FL 34120
		
		
(Use attachme	ent if necessary)	
NE DE REC 1700 - 41	· i. ·ca a a	A CONTINUE (OPTIONAL)
LE V: Effecti ffective date is	ive date, if other than the	date of filing: (OPTIONAL e specific and cannot be more than five business days
		e specific and cannot be more than five business days
davs after the		
) days after the	c date of ming.	
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•	SIGNATURE:	
•	٠	
•	٠	
•	SIGNATURE:	er or an authorized representative of a member.
•	Signature of a membe (In accordance with sec	ction 608.408(3), Florida Statutes, the execution
•	Signature of a membe (In accordance with sec	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

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)

Typed or printed name of signee