

# L15000209151

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FLORIDA LIMITED LIABILITY CO.  
ALCOR INVESTMENT ALLIANCE, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ALCOR INVESTMENT ALLIANCE, LLC**

**EFFECTIVE DAY JANUARY 1<sup>ST</sup> 2016**

**EFFECTIVE DATE**  
1-1-16

*(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")*

**ARTICLE II**

*The mailing address and street address of the principal office of the Limited Liability Company is:*

**Principal Office Address**  
6000 INDIAN CREEK DR #1801  
MIAMI BEACH, FL 33140

**Mailing Address**  
6000 INDIAN CREEK DR #1801  
MIAMI BEACH, FL 33131

**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:*

**R&P ACCOUNTING & TAXES, INC**

*Name*

**200 SE 1<sup>ST</sup> STREET, SUITE #604**

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

**MIAMI, FL. 33131**

*FL City, State, and 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*

X-----

**Registered Agent's Signature (REQUIRED)**

**ARTICLE IV**

*MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company:*

***Title:***

***WILLIAM P. TORRES  
6000 INDIAN CREEK DR #1801  
MIAMI BEACH, FL 33140***

***(MANAGER)***

**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.*

DEC/18/2015/FRI 12:18 PM

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P. 005/005

***REQUIRED: SIGNATURE***

*X*   
*Signature of a member or an authorized representative of a member.*

*(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

***WILLIAM P. TORRES***  
*Typed or printed name of signee*