

L20000137935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

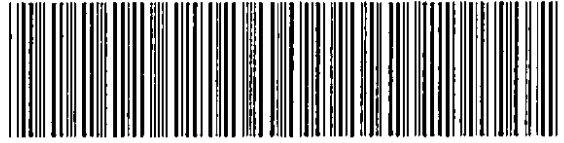
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
2020 MAY 27 PM 4:05
TALLAHASSEE, FLORIDA

FILED
2020 MAY 27 AM 11:33
TALLAHASSEE, FLORIDA

MAY 28 2020

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. Alternative Natural Solutions, LLC

Corporation Name)

Document #

Walk in

Pick up time

Mail out

Will wait

Photocopy

Certified Copy

Certificate of Good Standing

NEW FILINGS

AMENDMENTS

Profit

Amendment

Not for Profit

Resignation of R.A. Officer/Director

Limited Liability

Change of Registered Agent

Domestication

Dissolution/Withdrawal

Other

Merger

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

Annual Report

Foreign

Fictitious Name

Limited Partnership

Reinstatement

Trademark

APOSTIL _____

Other _____

COUNTRY

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Alternative Natural Solutions 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:

Luis E. Fernandez, Esq.

Name of Person

LUIS E. FERNANDEZ, P.A.

Firm/Company

2525 Ponce de Leon Blvd., Suite 300

Address

Coral Gables, Florida 33134

City/State and Zip Code

paralegal@lef-law.com

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

For further information concerning this matter, please call:

<u>Luis E. Fernandez, Esq.</u>	<u>305</u>	<u>239-9427</u>
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:

Alternative Natural Solutions 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:

2525 Ponce de Leon Blvd., Suite 300
Coral Gables, FL 33134

2525 Ponce de Leon Blvd., Suite 300
Coral Gables, FL 33134

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:

LUIS E. FERNANDEZ, P.A.

Name

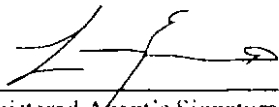
2525 Ponce de Leon Blvd., Suite 300

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

Coral Gables Florida 33134

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)

FILED
2020 MAY 27 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

 MGR

Mauricio Antonio Alvarado
2525 Ponce de Leon Blvd., Suite 300
Coral Gables, FL 33134

 MGR

Manuel Jose Roberto Alvarado
2525 Ponce de Leon Blvd., Suite 300
Coral Gables, FL 33134

 MGR

Jorge Mario Estrada
2525 Ponce de Leon Blvd., Suite 300
Coral Gables, FL 33134

 MGR

Alejandro Gordillo Kirkeconnell
2525 Ponce de Leon Blvd., Suite 300
Coral Gables, FL 33134

(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:

Mauricio Alvarado

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.

Mauricio Alvarado
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)