

Florida Department of State
 Electronic Filing Cover Sheet

L210001310391

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To: Division of Corporations
 Fax Number : (850)617-6381

From: Account Name : AJ ACCOUNTING SERVICES, INC.
 Account Number : 120110000092
 Phone : (305)448-9584
 Fax Number : (305)448-9569

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
 ALPHA ATM LLC.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

4/2/21
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 2021 APR - 1 PM 4:58
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COVER LETTER

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

SUBJECT: ALPHA ATM 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:

RONALD DANGER
Name of Person
ALPHA ATM LLC.
Firm/Company
11891 N W 12TH AVENUE
Address
MIAMI, FL 33168
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONALD DANGER at (786) 862-1853
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

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALPHA ATM 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:

11891 N W 12TH AVENUE
MIAMI, FL 33168

11891 N W 12TH AVENUE
MIAMI, FL 33168

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:

RONALD DANGER

Name

11891 NW 12TH AVE

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

MIAMI

FL

33168

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..

Ronald Danger

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF COURT
MIAMI, 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

AMBR

RONALD DANGER
11891 N W 12TH AVENUE
MIAMI, FL 33168

(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:

Ronald Danger

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.

RONALD DANGER

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)

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021 APR -1 AM 10:53
STATE OF FLORIDA