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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

LIMITED LIABILITY COMPANY

Alpha LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

Alpha LLC

ARTICLE II ADDRESS

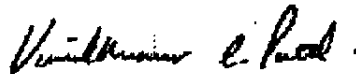
The mailing address and street address of the principal office of the Limited Liability Company is:

21202 Mariner Place
Lutz, FL 33549**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

Vimalkumar C. Patel.
21202 Mariner Place.
Lutz, FL 33549

Having been named as registered agent 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 608, F.S.



Vimalkumar C. Patel Signature

ARTICLE V MEMBERS (optional)Managing Member
Vimalkumar C. Patel
Odessa Florida 33556FILED
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TALLAHASSEE, FLORIDA

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Managing Member

Pallavi V. Patel

Odessa Florida 33556



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Vimalkumar C. Patel

Typed or printed name of signee

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