# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number: 071001002335

Phone

: (305)599-0839

Fax Number

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

ALMAC VENTURES LLC.

Certificate of Status 1 Certified Copy 03 Page Count \$155.00 Estimated Charge

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ALLIAGNENTURGOLLO			
ALMAC VENTURES LLC.			
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "L.L.C.")	2008 SE(	
ARTICLE II - Address:			- 97
The mailing address and street address	of the principal office of the Limited Li	ability Company is	-
		SS -8	
Principal Office Address:	Mailing Address:	mo ➤	
9737 NW 41ST ST STE 384	9737 NW 41ST ST STE 384	AM II	
DORAL, FL 33178	DORAL, FL 33178		حبيدا
		- Pr 2-	
		<del></del>	

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

CARLOS L GIL
Name
9737 NW 41ST ST STE 384
Florida street address (P.O. Box NOT acceptable)
DORAL, FL 33178
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 608. F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

FILED

Title:

"MGR" = Manager

"MGRM (100%)

MGRM (100%)

MGRM (200%)

MGRM

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(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.)

#### REQUIRED SIGNATURE:

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 penaltics of perjury that the facts stated herein are true.)

CARLOS L GIL
Typed or printed name of signee

Filing Foos:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30,00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

## Designation and Acceptance of Registered Agent

Pursuant to the provisions of Florida Statutes, the undersigned limited liability Company organized under the laws of the State of Florida submits the following statement in designating the registered office/registered agent in the State of Florida.

- 1. The name of the limited liability company is ALMAC VENTURES LLC So
- The name of the registered agent is CARLOS L GIL
  The address of the registered agent/registered office is:
  9737 NW 41<sup>st</sup> ST STE 384
  Doral, FL 33178

## Acceptance

Having been named as registered agent and designated to accept service of process for the above limited liability company, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all 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.

By: CARLOS L GIL For the Company

Date: