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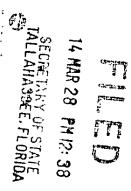
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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3. Statements APR 0 2 2014

625



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 18, 2014

CYNTHIA SIMONTON PO BOX 263 GENEVA, FL 32732

SUBJECT: 1028 ALPUG LLC Ref. Number: W14000017333

We have received your document for 1028 ALPUG LLC and your check(s) totaling \$520.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00005843

COVER LETTER

Division of Corporations		
SUBJECT: 1028 Alpug LLC Name of Li	imited Liability Company	
The enclosed Articles of Organization and fcc(s) a	_	
Please return all correspondence concerning this r	matter to the following:	
Cynthia B. Simonton	Name of Person	
	Firm/Company	
P.O. Box 263		
	Address	
Geneva, FL 32732	City/State and Zip Code	
tanyhall@carthlink nat		
E-mail address: (to be us	ed for future annual report notifica	ition)
Cynthia B. Simonton at ((407) 312-2204 Area Code Daytime Tel	ephone 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addi Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	ions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1028 Alpug LLC	
	s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1 1 merpur Ornee 1 tudi ess.	Manning Auditess.
461 Alan's Nature Cove	P.O. Box 263
Geneva, FL 32732	Geneva, FL 32732
Geneva, FL 32732	
ARTICLE III - Registered Agent, Register	ed Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Register	ed Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual of
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florida	ed Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual of registration.)
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve	ed Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual of registration.)
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florida	ed Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual of registration.) registered agent are:
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ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the W. Thomas Dyer, E	ed Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual oregistration.) registered agent are: SQ. Name
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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 (REQUIRE)

(CONTINUED)

Page 1 of 2



"MGR" = Manager	Name and Address:
AMBR = Manager	Cynthia B. Simonton, Trustee
-	Cynthia B. Simonton Revocable Living Trust
	P.O. Box 263, Geneva, FL 32732
···	
(Use attachment if necessary)	wra car
CLEV: Effective date if other than t	ne date of filing: March 3, 2014 (OPTIONAL)
T.P. VITUINET DIOVISIONS II ADV	
ole member of this LLC shall be t arch 5, 2014, with the Grantor, Cy	
ole member of this LLC shall be t	nthia B. Simonton, also serving as Trustee.
ole member of this LLC shall be to arch 5, 2014, with the Grantor, Cy REQUIRED SIGNATURE:	othia B. Simonton, also serving as Trustee.
ole member of this LLC shall be to arch 5, 2014, with the Grantor, Cy REQUIRED SIGNATURE: Signature of this LLC shall be to arch to be to arch to a contain the contains a contain to a contain the contains	of a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document
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ARTICLE IV-