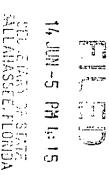
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## **COVER LETTER**

TO:	Registration Dívision of (	Section Corporations		
SUBJI	ECT: A&L So	lutions, LLC Name of Lin	mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	•
Please	return all corre	spondence concerning this m	natter to the following:	
	<u>Larry Do</u>	nell Pettaway	Name of Person	
	A&L Solu	tions, LLC	T: (0	
			Firm/Company	
	2301 NV	/ 87th Ave #503,	·	
			Address	
	Doral FLo	orida 33172	,	
			City/State and Zip Code	•
_a&	lsolutions@x	eeto.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther information	n concerning this matter, ple	ase call:	
Andre	H Rice	at (at		
	Nam	e of Person	Area Code Daytime Te	lephone Number
Enclose	ed is a check fo	the following amount:		
\$125.0	0 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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
A&L Solutions, LLC (Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2301 NW 87th Ave #503 Doral Florida 33172	2301 NW 87th Ave #503 Doral Florida 33172X-eeto
ARTICLE III - Registered Agent, Registered Office, & Cherchimited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)  The name and the Florida street address of the registered ag	gistered Agent. You must designate an individual or
Name	>
2301 NW 87th Ave #503	
Florida street address (P.O. Box N	OT acceptable)
<u>Doral FLorida</u> City	FL 33172 Zip
Having been named as registered agent and to accept servion the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of a first of the first and I am familiar with and accept, the obligations of the contract o	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Page 1 of 2

Andre H Rice  12312 SW 259th Terrace  Homestead Florida 33032  Larry D Pettaway  200 177 Drive #516  Sunny Isles Beach Florida 33160	AMBR  Larry D Pettaway 200 177 Drive #516 Sunny Isles Beach Florida 33160  (Use attachment if necessary)  (Use attachment if necessary)  (LE V: Effective date, if other than the date of filing:  (OPTIONAL)	<u>Title:</u>	Name and Address:	
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Signature of a member or an authorized representative of a member.  dance with section 605.0203 (1) (b), Florida Statutes, the execution of this document	Eignafure of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document	CLE V: Effective date, if other than the date of effective date is listed, the date must be specifie of filing.)  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a memiliary memiliary of a memiliary memiliary of a memiliary m	ber or an authorized representative of a member.	t. days :
Sgnature of a member or an authorized representative of a member.  dance with section 605.0203 (1) (b), Florida Statutes, the execution of this document an affirmation under the penalties of perjury that the facts stated herein are true.	Eighalure of a member or an authorized pepresentative of a member.	CLE V: Effective date, if other than the date of effective date is listed, the date must be specifie of filing.)  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a memiliary memiliary and affirmation under the constitutes an affirmation under the constitutes are affirmation under the constitutes.	ber or an authorized pepresentative of a member.  0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.	t. days :

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)