

LO100000 11834
TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-07/17/01--01074--001
***160.00 ***160.00

SUBJECT: The Alliance, ~~LLC~~ LLC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

~~\$78.75~~
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Thomas C. Herrmann
Name (Printed or typed)

5401 S. Harvard, Suite 201
Address

Tulsa, Oklahoma 74135
City, State & Zip

918-742-2714
Daytime Telephone number

RECEIVED
TALLAHASSEE FLORIDA

01 JUL 17 AM 10:23

FILED

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Alliance, LLC

ARTICLE II - Address:

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

1400 N. Semoran, Suite H
Orlando, FL 32807

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Kevin Rutherford

Name

1400 N. Semoran, Suite H

Florida street address (P.O. Box **NOT** acceptable)
Orlando FL 32807

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..

Kevin Rutherford

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Thomas C. Herrmann
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.)

Thomas C. Herrmann

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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01 JUL 17 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA