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ALPHA OMEGA TRANSPORTATION LTD.CO. 1104 WHITEWOOD WAY CLERMONT FL, 34711 407-294-4088

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	1000067565118	_
(Corporation Name)	(Document #)07/30/0201035003 ****160.00 ****160.00	
2. (Corporation Name)	(Document #)	ᠽ=.
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(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time	Certified Copy	. =
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NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit	Amendment Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication Other	Dissolution/WithdrawalMerger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign	_
- Ficulous Name	Limited Partnership Reinstatement	
	☐ Trademark ☐ Other	
	Examiner's Initials	
CD 0 F 0 2 1 (7 (0 7)		

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: ALFUA OMEGA SERVICE LT
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
104 White Wood WAY, CLERMONT FL 347
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
The name and the Florida street address of the registered agent are: RAMON G. LLOVIO TR Name Name
I/OY White Wood WAY Florida street address (P.O. Box NOT acceptable) CLERMONT FL 347//
CLERMONT FL 347/1 See S
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
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) A M ON C
(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.) 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)