

LO2000024335 (2)

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED
02 SEP 19 AM 7:42
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

albupro l.l.c.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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02 SEP 18 PM 1:44
STATE DEPT OF STATE
TALLAHASSEE FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALBURO L.L.C.

ARTICLE II - Address:

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

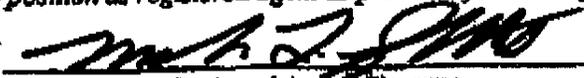
**315 S.E. MIZNER BLVD, SUITE 209
BOCA RATON, FL. 33432**

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

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

MARK ANGERT
Name
2701 W. OAKLAND PK. BLVD.
Florida street address (P.O. Box NOT acceptable)
FT. LAUD FL. 33324
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

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)


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.)

MARK ANGERT
Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
~~\$ 25.00 Designation of Registered Office~~
~~\$ 400.00 Annual Report (Optional)~~

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