

L03000035147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

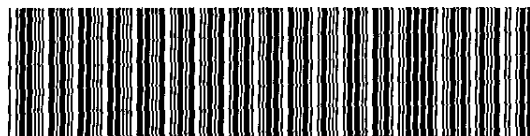
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 SEP 16 PM 3:09
DEFINITION STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Handwritten signature/initials



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September 16, 2003

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

ALS, L.L.C.

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TALLAHASSEE, FLORIDA

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF ORGANIZATION
OF
ALS, L.L.C.

ARTICLE I - NAME

The name of the limited liability company is *ALS, L. L.C.*

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 5655 Carder Road, Orlando, FL 32810.

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:

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

Stephen H. Coover
230 North Park Avenue
Sanford, FL 32771

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 property and complete performance of my duties, and I am familiar with, and accepts 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.

The initial manager of the Limited Liability Company shall be Terence A. Steele whose address is 5655 Carder Road, Orlando, FL 32810, who shall serve until the first annual meeting of members or until his successor is elected and qualified. The rights and responsibilities of the manager shall be limited as set forth in the Regulations.

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ARTICLE V - DURATION

The duration of the Limited Liability Company shall, unless limited by the terms of any Operating Agreement, be perpetual.

IN WITNESS WHEREOF, the undersigned, as a member, has executed the foregoing Articles of Organization on the 16th day of September, 2003.


TERENCE A. STEELE


(In accordance with section 609.409(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me this 16th day of September, 2003, by TERENCE A. STEELE who is ☒ personally known to me OR ☐ not personally known to me and has produced a valid driver's license as identification and who did take an oath.



Stephen H. Coover
My Commission DD178790
Expires January 8, 2007


Notary Public - State of Florida

My Commission Expires: