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Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

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LIMITED LIABILITY COMPANY

ALS Holding 1, LLC

Certificate of Status	Ü
Certified Copy	1
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Estimated Charge	\$155.00

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Public Access Help

DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: ALS HOLDING I, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are: 6630 Southpoint Parkway, Jacksonville, Florida 32216.

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

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

CT CORPORATION SYSTEM

Name

c/o CT CORPORATION SYSTEM 1200 SOUTH

PINE ISLAND ROAD

Florida street address (P.O. Box NOT acceptable)

PLANTATION, 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 completed 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.

CT CORPORATION SYSTEM PETER F. SOUZA

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.)

Andrea I. Mason, Esq., Authorized Representative
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)