

L04000055548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

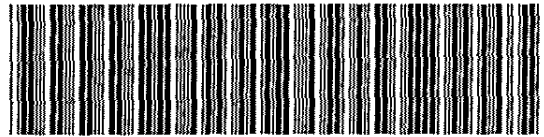
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/27/04--01002--015 **25.00

07/19/04--01058--015 **100.00

L2 07/27/04

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 27 AM 8:18

7p

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alliance Innovations, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael S. Scalcucci
(Name of Person)

(Firm/Company)

1372 Tea Rose Place
(Address)

Sarasota, FL 34239
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael S. Scalcucci at (941) 914-2632
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

W04-27907

FILED
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DIVISION OF CORPORATIONS
04 JUL 27 AM 8:18

July 16, 2004

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Attached Articles of Organization

Enclosed are the Articles of Organization for my new company along with a \$100 check for the filing fee.

Should you have any questions, I can be reached at the following address and phone number:

Michael S. Scalcucci
1372 Tea Rose Place
Sarasota, FL 34239
941-914-2632

Thank you,



Michael S. Scalcucci

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 21, 2004

MICHAEL S. SCALUCCI
1372 TEA ROSE PLACE
SARASOTA, FL 34239

SUBJECT: ALLIANCE INNOVATIONS, LLC
Ref. Number: W04000027907

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DIVISION OF CORPORATIONS
04 JUL 27 AM 8:18

We have received your document for ALLIANCE INNOVATIONS, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 704A00046130

July 22, 2004

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Attn: Lee Rivers

Re: Additional filing fee for Alliance Innovations LLC

Enclosed is a \$25 check required for the Designation of a Registered Agent. I mistakenly didn't include this in my original filing. The name of the LLC is Alliance Innovations, LLC.

Should you have any questions, I can be reached at the following address and phone number:

Michael S. Scalcucci
1372 Tea Rose Place
Sarasota, FL 34239
941-914-2632

Thank you,



Michael S. Scalcucci

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alliance Innovations, LLC

ARTICLE II - Address:

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

Principal Office Address:

1372 Tea Rose Place

Sarasota, FL 34239

Mailing Address:

1372 Tea Rose Place

Sarasota, FL 34239

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

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

Michael S. Scalcucci

Name

1372 Tea Rose Place

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

Sarasota,

FLORIDA 34239

City, State, and Zip

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DIVISION OF CORPORATIONS
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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, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Michael S. Scalcucci

1372 Tea Rose Place

Sarasota, FL 34239

(Use attachment if necessary)

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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Michael S. Scalcucci

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)