

L05000002642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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01/04/05--01035--014 **125.00

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Acknowledgement	DDC
Final Verdict	DDC

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01/04/05 11:33 AM

To: Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SUBJECT: Phalanx LLC

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

Please return all correspondence concerning this matter to the following:

Lazaro Alvarez
Phalanx LLC
13727 SW 152nd St. #219
Miami, FL 33177

For further information concerning this matter, please call:

Lazaro Alvarez at (305) 578-0133

Enclosed is a check for the following amount: \$125.00 Filing Fee

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ARTICLE I:

The name of the limited liability company is: Phalanx LLC

ARTICLE II:

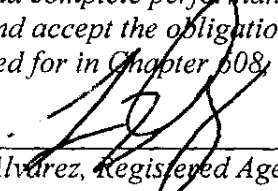
The mailing and street address of the principal office of the limited liability company is:
13727 SW 152nd St. #219 Miami, FL 33177

ARTICLE III:

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

Lazaro Alvarez
13727 SW 152nd St. #219 Miami, FL 33177

*Having been named as registered agent and to accept service of
Process for the above stated limited liability company at the 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.*



Lazaro Alvarez, Registered Agent

ARTICLE IV:

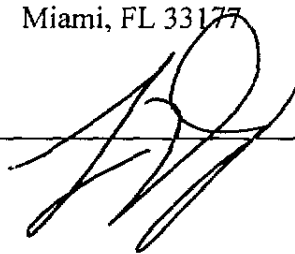
The name and address of each Manager or Managing Member is as follows:

Title:

Name & Address:

MGR

Lazaro Alvarez
13727 SW 152nd St. #219
Miami, FL 33177



Lazaro Alvarez, Mgr