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

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

LIMITED LIABILITY COMPANY

Alpha LLC

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

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DIVISION OF CORPORATIONS

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

Alpha LLC

**ARTICLE II ADDRESS**

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

21202 Mariner Place  
Lutz, FL 33549

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

Vimalkumar C. Patel.  
21202 Mariner Place.  
Lutz, FL 33549

Having been named as registered agent 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.

*Vimalkumar C. Patel.*

Vimalkumar C. Patel Signature

**ARTICLE V MEMBERS (optional)**

Managing Member  
Vimalkumar C. Patel  
Odessa Florida 33556


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Managing Member  
Pallavi V. Patel  
Odessa Florida 33556



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.

Vimalkumar C. Patel  
Typed or printed name of signee

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