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	To: Division of Corporations Fax Number : (850)205-0383
n <sub>al</sub> tera	From: Account Name : CLARION VENTURES, INC. Account Number : I20030000025 Phone : (623)465-8636 Fax Number : (623)465-8640
H : L HI	LIMITED LIABILITY COMPANY
	ALP Services LLC
15 H.M.	Certificate of Status0Certified Copy0Page Count01Estimated Charge\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALP Services LLC

### ARTICLE II - Address:

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

Principal Office Address:

3415 Windsor Cl #118\_

Mailing Address:

3415 Windsor Ct #118

Tempa FL, 33615

#### Tampa FL, 33615

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Alvaro Perez

Name

12965 114th St

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

Largo, FLORIDA 33778 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 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' Signature

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" ≠ Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Alvaro Perez	
	12965 114th Street	
	Largo FL,, 33778	
MGRM	Augusto Manzano	
	12965 114th Street	
	Largo FL, 33778	
MGRM	Steven Arguello	
	3415 Windsor Ct #115	
	Tampa FL, 33615	·
(Use attachment if necessary)		

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

### **REQUIRED SIGNATURE:**

Signature of a member or an anthorized representative of a member.

(In accordance with section **206.408**(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Percz Yaro 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)

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