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Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

: (850)205-0383 Fax Number

Account Name : BARNETT, BOLT, KIRKWOOD & LONG

Account Number: 072731001155 Phone : (813)253-2020

Fax Number

: (813)251-6711

LIMITED LIABILITY COMPANY

Alpha Contract Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

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	SOF ORGANIZATION FOR IED LIABILITY COMPANY
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ARTICLE I - Name: The name of the Limited Liability Compa	my is:
Alpha Contract Services, LLC	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13777 Belcher Road South	13777 Belcher Road South
Largo, Florida 33771	Largo, Florida 33771

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

Craig E. Behrenfeld	<u>_</u>
	Name
601 Bayshore Boulev	/ard, Ste. 700
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
Tampa,	FLORIDA 33606
Ci	ty, 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's Signature

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ARTICLE IV- Manager(s) or Man The name and address of each Mana	naging Member(s): ger or Managing Member is as follows:	ALCH ME 23
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	MISNICA MOSEE, FLORIDA
MGR	John J. Plazza, Sr.	Of the
	13777 Belcher Road South	
	Largo, Florida 33771	
	·	
		
		
		
(Use attachment if necessary)		 _

Craig E. Behrenfeld, Authorized Representative

that the facts stated herein are true.)

Typed or printed name of signee

Signature of a nember 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

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

REQUIRED SIGNATURE

\$ 5.00 Certificate of Status (Optional)

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