106000018799

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F		TIC
į		

Office Use Only



000065840800



M. HODGE

COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	ст:		In vestments d Liability Company)	E, LLC
The end	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please i	return all corresp	ondence concerning this matte	A. Simikia	\wedge
		(Name of Person)	
-			77. 70	
_	1648	8 Victoria	Firm/Company) War/	
_	Win	ter Gard	(Address) en, FL 3((787
-		(City	/State and Zip Code)	
For furt	her information	concerning this matter, please	call:	
\sum_{ϵ}	SANGE	Simikian	407 ,905	7-2584
	(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclose	ed is a check fo	r the following amount:		
\$ 125.	.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alliance Inv	estments, LCC
(Must end with the words "Limited Liability Company, "Limited	f Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1648 Victoria Way Winter Garden, FL 34787	1648 Victoria Way Winter Garden, Fit
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	T. 1
Name 1648 Victori	A. Simikian a Way
Florida street addi Wholer Garelan City, State, an	ress (P.O. Box <u>NOT</u> acceptable) FL 3 4787
City, State, ar	ıd Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
andy a	Similian =
Registered Agent's Signatu	ie (kegoliken)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Jennifer A. Simiklan
	1648 Victoria Way
	Winter Garden, FL 347
$\mathcal{M} \cap \mathcal{Q}$	
11161	Charles D. Simikian
	1648 Victoria Way Winter Garden, FC 3478
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTIONA
LE V: Effective date, if other than the fective date is listed, the date mus	the date of filing: (OPTIONAt be specific and cannot be more than five business day
LE V: Effective date, if other than refective date is listed, the date mus	the date of filing: (OPTIONAt be specific and cannot be more than five business day
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)	the date of filing: (OPTIONAt be specific and cannot be more than five business day
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)	the date of filing: (OPTIONAl t be specific and cannot be more than five business day
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)	the date of filing: (OPTIONAl to be specific and cannot be more than five business day
LE V: Effective date, if other than refective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five business day
LE V: Effective date, if other than refective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAt be specific and cannot be more than five business day A Amulica there or an authorized representative of a member.
LE V: Effective date, if other than refective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mean (In accordance with	t be specific and cannot be more than five business day for a such orized representative of a member. a section 608.408(3), Florida Statutes, the execution
EV: Effective date, if other than rective date is listed, the date must lays after the date of filing.) REOUIRED SIGNATURE: Signature of a mean of this document contrast the facts state	t be specific and cannot be more than five business day for an authorized representative of a member.

Filing Foot:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)