L00 0000 39472

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	<u></u>
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
		9
		64-11
	Office Use Only	(1118)



600069834356

FILED 06 APR 12 AM 10: 49

COVER LETTER *

TO: Registration Section Division of Corporation	ons				
SUBJECT: ALC	CONSUL (Name of Limited	T/NG Liability Company)			
The enclosed Articles of Organ	nization and fee(s) are su	bmitted for filing.			
Please return all correspondence	e concerning this matter	to the following:			
Micia	Chen			0	
	(N	ame of Person)	-	6 APR 1	卫
	(F	im/Company)		- 	FILE
10126 C	restlidge	(Address)		OF APR 12 AM 10: 49 SECTETION OF STATE TALLAH JESSEE FLORIDA	
Rensacola	Ff 32 (City/)	State and Zip Code)		—— ——	
For further information concern ALCIA (Name of Pers	A CHEM	all: At (- 8940 lephone Number)		
Enclosed is a check for the f	ollowing amount:				
	130.00 Filing Fee & ificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Statu Certified Copy (additional copy is enc	ıs &	
Reg Div	iling Address istration Section ision of Corporations . Box 6327	Street/Courier Address Registration Section Division of Corporation Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
ALC Consultive Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.," Company
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
10126 Crost-Ridge Or Sand English To The Sand Th
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
alicia Chen Name
Florida street address (P.O. Box NOT acceptable) PONSA COLA FL 325/ 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, F.S..

Registered Agent's Signature (RECORED)

(CONTINUED) Page 1 of 2

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 "MGRM" = Managing Member	Name and Address:
MGR M	Micia Chen 10/26 Crest Ridge Dr FNS. FL 32514 Jason Harvey 18126 Crest Ridge JR.
	OG APR 12 AM 10: 49 OG APR 12 AM 10: 49 ALLAMASSEE FLORIDA
(Use attachment if necessary)	ORIDA
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	e date of filing: (OPTIONAL) se specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

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.)

Filing Fees:

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

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