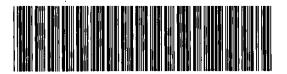
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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	1201 Hays Street Tallahassee, FL 32301 850-521-1000 850-521-1010(fax)	
Account Number: 072100	0000032	ANTA PA
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2)		
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Stamped Copy		
Type of Filings:		
New Filings	Amendment	Qualification
Profit	Amendment	Profit
NFP	COA	NFP
$\chi_{ ext{LLC}}$	Dissolution/Withdrawal	LLC
LTD	Merger	LTD
Other:	,	
Annual Report	Fictitious Name	Reinstatement

ARTICLE I - Name:	ALCO III
The name of the Limited Liability Comp	pany is:
Zero Control E (Must end with the words "Limited Liability Company	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
475 South Ave Beacon NV 12508	Beacon NV 12508

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:

Corporation Service Company

Name

1201 Hours Street

Talla hassee. FL 32301

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	- / /
MGRM	Carlos A. Clarke
. :	Beacon NY 12508
MGRM	Topole Maria
201622	475 SOUTH AVE
	Beacon, NY 12508
MORM	Gregory Mance
	BLACON NY 12508
	_ DIACON , 179 125 08.
(Use attachment if necessary)	
•	
CLE V: Effective date, if other than the	e date of filing:, (OPTION be specific and cannot be more than five business date
0 days after the date of filing.)	be specific and eaginet be more than are outsiness a
REQUIRED SIGNATURE:	

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)

Page 2 of 2

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.)