L06000103854

(Requestor's Name)	
(Address)	
(Address)	,
(City/State/Zip/Phone #)	***************************************
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



800080661878

RECEIVED

06 OCT 25 PH 12: 49

UNION

OF OCT 25 PM 3: 01
SECRETARY OF STATE



ON SERVICE COMPANY.
ACCOUNT NO. : 072100000032
REFERENCE: 553214 4358650
AUTHORIZATION Spelle Man
COST LIMIT : \$125.00
ORDER DATE: October 25, 2006
ORDER TIME: 10:22 AM
ORDER NO. : 553214-005
CUSTOMER NO: 4358650
DOMESTIC FILING
NAME: ALO LLC
EFFECTIVE DATE:
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY
CONTACT PERSON: Joyce Markley - EXT. 2930

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	ES S M
The name of the Limited Liability Company is	
The fame of the Emilion Emonity of inputy	" 3 P
ALO LLC	56. 12 1
(Must end with the words "Limited Liability Con pany, "Lin	nited Company" or their abbreviation "LLC," or "L.C.,"
	555.0
ARTICLE II - Address:	77
The mailing address and street address of the	principal office of the Limited Liability Company's:
Principal Office Address:	Mailing Address:
3054 NW 103 Path	3054 NW 103 Path
Doral, FL 33172	Doral, FL 33172
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registratic a.)	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own Reg	gistered Agent. You must designate an individual or another c registered agent are:
(The Limited Liability Company cannot serve as its own Regularises entity with an active Florida registratic a.) The name and the Florida street address of the	gistered Agent. You must designate an individual or another c registered agent are:
(The Limited Liability Company cannot serve as its own Regularises entity with an active Florida registratic a.) The name and the Florida street address of the Corporation Service Company Name	gistered Agent. You must designate an individual or another c registered agent are:
(The Limited Liability Company cannot serve as its own Regularises entity with an active Florida registratic a.) The name and the Florida street address of the Corporation Service Company Name 1201 Hays Street	gistered Agent. You must designate an individual or another e registered agent are:
(The Limited Liability Company cannot serve as its own Regularises entity with an active Florida registration.) The name and the Florida street address of the Corporation Service Company Name 1201 Hays Street Florida street a	eistered Agent. You must designate an individual or another e registered agent are: ne address (P.O. Box NOT acceptable)
(The Limited Liability Company cannot serve as its own Regularises entity with an active Florida registratic a.) The name and the Florida street address of the Corporation Service Company Name 1201 Hays Street Flor da street a Tallahassee	gistered Agent. You must designate an individual or another e registered agent are: ne nddress (P.O. Box <u>NOT</u> acceptable) FL 32301
(The Limited Liability Company cannot serve as its own Regularises entity with an active Florida registration.) The name and the Florida street address of the Corporation Service Company Name 1201 Hays Street Florida street a	gistered Agent. You must designate an individual or another e registered agent are: ne nddress (P.O. Box <u>NOT</u> acceptable) FL 32301
(The Limited Liability Company cannot serve as its own Regularises entity with an active Florida registratic a.) The name and the Florida street address of the Corporation Service Company Name 1201 Hays Street Flor da street a Tallahassee City, State Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete proper and complete proper and complete propers.	gistered Agent. You must designate an individual or another e registered agent are: ne nddress (P.O. Box <u>NOT</u> acceptable) FL 32301

CONTINUED)
Page 1 of 2

Registered & ;ent's Signature (REQUIRED)

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

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

		Name and Address:
"MGR" = N	≀anager · Managing Member	
MONW -	· Managing Memoer	
MGR		Lorena Arnold
		3054 NW 103 Path
		Doral, FL 33172
		
(Use attachn	nent if necessary)	
(Use attachn	nent if necessary)	
LE V: Effec	ctive date, if other than tl e	date of filing: (OPTIONA
LE V: Effective date	ctive date, if other than the is listed, the date must be	e date of filing: (OPTIONAL) e specific and cannot be more than five business da
LE V: Effective date	ctive date, if other than tl e	e date of filing: (OPTIONA e specific and cannot be more than five business da
LE V: Effective date	ctive date, if other than the is listed, the date must be	date of filing: (OPTIONA e specific and cannot be more than five business da
LE V: Effective date days after t	ctive date, if other than the is listed, the date must be he date of filing.)	e date of filing: (OPTIONA e specific and cannot be more than five business da
LE V: Effective date days after t	ctive date, if other than the is listed, the date must be	date of filing: (OPTIONAte specific and cannot be more than five business day
LE V: Effective date days after t	ctive date, if other than the is listed, the date must be he date of filing.)	date of filing: (OPTIONAle specific and cannot be more than five business day
LE V: Effective date days after t	ctive date, if other than the is listed, the date must be he date of filing.)	e date of filing: (OPTIONAte specific and cannot be more than five business day
LE V: Effective date days after t	ctive date, if other than the is listed, the date must be he date of filing.) D SIGNATURE:	e date of filing: (OPTIONA e specific and cannot be more than five business da er or an authorized representative of a member.
LE V: Effective date days after t	ctive date, if other than the is listed, the date must be he date of filing.) D SIGNATURE: Signature of a prem se	e specific and cannot be more than five business day
LE V: Effective date days after t	ctive date, if other than the is listed, the date must be he date of filing.) D SIGNATURE: Signature of a prem be (In accordance with : et	e specific and cannot be more than five business day er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution
LE V: Effective date days after t	ctive date, if other than the is listed, the date must be he date of filing.) D SIGNATURE: Signature of a prem be (In accordance with : et	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
LE V: Effective date days after t	ctive date, if other than the is listed, the date must be he date of filing.) D SIGNATURE: Signature of a nature of this document cor stitutat the facts states here.	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Or ;anization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)