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(Re	equestor's Name	)
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SECRETARY OF STATE ALLAHASSEE FLORIDA



# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: AG ALLIANCE GROUP, LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
GABRIEL VIVAS	
(Name of Person)	-
	_
(Firm/Company)	
2330 S. E. 23rd Terrace	_
(Address)	
Homestead, FL 33035	· _
(City/State and Zip Code)	0
For further information concerning this matter, please call:	בי פטרי פטרי
GABRIEL VIVAS at (954) 557-4311	) [[m]
(Name of Person) (Area Code & Daytime Telephone Number)	3
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$  Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company i	IS:
AG ALLIANCE GROUP, LLC (Must end with the words "Limited Liability Company, "Lin	nited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5217 N. E. 2nd Avenue	5217 N. E. 2nd Avenue
Fort Lauderdale, FL 33334	Fort Lauderdale, FL 33334
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the GABRIEL VIVAS	e registered agent are:
Nar	me RA : (7
2330 S. E. 23rd Terra	ce
Florida street	address (P.O. Box NOT acceptable)
Homestead	<sub>FL</sub> 33035
City, Stat	e, and Zip
liability company at the place designated i registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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" = M: "MGRM" = 1	anager Managing Member	Name and Address:	
MGRM		GABRIEL VIVAS	
		2330 S. E. 23rd Terrace  Homestead, FL. 33035	
MGRM		AICARDO VIVAS	
		5217 N. E. 2nd Avenue  Fort Lauderdale, FL 33334	
	<del></del>		
(1)			
ICLE V: Effect of the second o	is listed, the date mus ne date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days	) prio
ICLE V: Effect of the second o	tive date, if other than is listed, the date mus	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days	) prio
ICLE V: Effect of the second o	tive date, if other than is listed, the date mus	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days	) prio
ICLE V: Effect of the second o	tive date, if other than is listed, the date must ne date of filing.)  SIGNATURE:	the date of filing: (OPTIONAL st be specific and cannot be more than five business days mbef or an authorized representative of a member.	) prio
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ICLE V: Effect of the second o	stive date, if other than is listed, the date must be date of filing.)  SIGNATURE:  Signature of a mer of this document contraction.	mber or an authorized representative of a member.  th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ted herein are true.)	) prio

\$125.00 Filing Fee for Articles of Organization and Designation

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
AG ALLIANCE GROUP, LLC (Must end with the words "Limited Liability Company, "Limited Company	" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address: Mailin	g Address:
	E. 2nd Avenue iderdale, FL 33334
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agent, business entity with an active Florida registration.)	
The name and the Florida street address of the registered	
GABRIEL VIVAS	CR AR
Name	HE E
2330 S. E. 23rd Terrace  Florida street address (P.O.	
Homestead FL 330	$\mathbf{O}_{\mathcal{N}}$
The mailing address and street address of the principal of Principal Office Address:  Mailin  5217 N. E. 2nd Avenue  Fort Lauderdale, FL 33334  ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agent, business entity with an active Florida registration.)  The name and the Florida street address of the registered  GABRIEL VIVAS  Name  2330 S. E. 23rd Terrace  Florida street address (P.O.	E. 2nd Avenue Iderdale, FL 33334  & Registered Agent's Signature: You must designate an individual or another  agent are:  Box NOT acceptable)  E. 2nd Avenue  O6 DEC 27 PH  OF SECRETARY OF S.

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

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

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

"NA( :U !! — NA ~~~ ~		Name and Address:	
"MGR" = Manag "MGRM" = Man			
MGRM		GABRIEL VIVAS	
		2330 S. E. 23rd Terrace	
		Homestead, FL 33035	
MGRM		AICARDO VIVAS	
	- <del></del>	5217 N. E. 2nd Avenue	
		Fort Lauderdale, FL 33334	<u> </u>
	<u></u>		
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(Use attachment i	f necessary)		
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CLE V: Effective of control of the c	date, if other than the dated, the date must be stee of filing.)  ENATURE:  Signature of a member of this document constitute of this document constitute.	r an authorized representative of a member. on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	osiness days programmers of the secretary of the secretar

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)