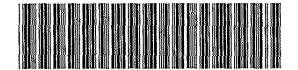
# 21200007518

(Req	uestor's Name)	<del></del>
(Add	ress)	
(Add	ress)	
(City,	/State/Zip/Phon	e#)
PICK-UP	WAIT	MAIL MAIL
(Bus	iness Entity Nar	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer.	
Section of the sectio	Jx	M
- Constitution of the Cons		And the second s
		and the second s
Lic	<del></del>	

Office Use Only



700084983167

01/19/07--01009--024 \*\*130.00

Effective Date

DIVISION OF CARD OFFICE

## COVER LETTER

TO:	Registration Se Division of Co						
SUBJI	CCT: ALPH	A DEVELOPMENT					
		(Name of Limite	d Liability Co	ompai	ny)		
The en	closed Articles o	f Organization and fee(s) are so	ubmitted for	filing.			
Please:	return all corresp	ondence concerning this matte	r to the follow	wing:			
	Alexande	r A. Mowzoon					
		O	Name of Perso	n)			
	ALPHA D	EVELOPMENT (		·	LC		
		(	Firm/Company	y)			
	7657 N.V	V. 50th Street					
			(Address)	.,			
	Miami, F						
		(City	State and Zip	Code)			
For fur	ther information	concerning this matter, please	call:				
Alex	ander A. N	Nowzoon	at ( 786	)	546 -		
	(Name	of Person)	(Area	Code	& Daytim	e Tel	ephone Number)
Enclos	ed is a check fo	or the following amount:					
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.0 Certified (additional of	Сору	,		\$160.00 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	Regi Divis Clift 2661	stration sion of on Bu Exec	urier Add on Section of Corpora hilding cutive Cen ee, FL 323	ation nter (	S

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	Effective Date	
	115/07	
ALPHA DEVELOPMENT GROUP, LLC	10/6/1	
(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 prin	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
7657 N.W. 50th Street	7657 N.W. 50th Street	
Miami, FL 33166	Miami, FL 33166	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re	red Agent. You must designate an individual or another YOUNG	3
Alexander A. Mowzoon		_ 
Name	PROPSIATION STATES (P.O. Box NOT acceptable)	
7657 N.W. 50th Street  Florida street address (P.O. Box NOT acceptable)		
Miami, FL 33166 City, State, at	FL	

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' 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Alexander A. Mowzoon 7657 N.W. 50th Street Miami, FL 33166
f an effective date is listed, the date must l	e date of filing: January 15, 2007 . (OPTIONAL) be specific and cannot be more than five business days prior
or 90 days after the date of filing.)  REQUIRED SIGNATURE:	
Signature of a menti	per or an authorized representative of a member.
(In accordance with a of this document constituted that the facts stated	ection 608,408(3), Florida Statutes, the execution structes an affirmation under the penalties of perjury

#### 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)

Typed or printed name of signee