

LO7 0000 22414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

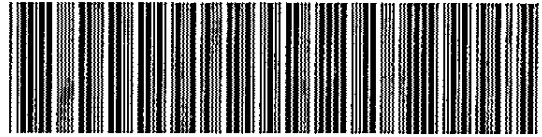
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300089010733

02/27/07--01038--015 \*\*70.00

02/27/07--01038--016 \*\*55.00

~~02/27/07--01038--016 \*\*70.00~~

2007 FEB 27 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

FILED

LO7-22414  
gl

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALFA FP 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:

FREDDIE BROWN, JR  
(Name of Person)

ALFA FP GROUP, LLC  
(Firm/Company)

2160 NW 73RD TERRACE  
(Address)

PEMBROKE PINES, FL 33024  
(City/State and Zip Code)

For further information concerning this matter, please call:

FREDDIE BROWN, JR at ( 754 ) 235-9042  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$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

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2007 FEB 27 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ALFA FP 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 office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2160 NW 73RD TERRACE  
PEMBROKE PINES, FL 33024

### 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:

FREDDIE BROWN, JR

Name

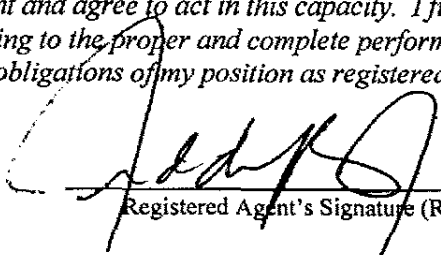
2160 NW 73RD TERRACE

Florida street address (P.O. Box **NOT** acceptable)

PEMBROKE PINES, FL 33024

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

FILED  
2001 FEB 27 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

FREDDIE BROWN, JR  
2160 NW 73RD TERRACE  
PEMBROKE PINES, FL 33024

MGRM

PREMKUMAR CHANDRAKUMAR  
2160 NW 73 TERRACE  
PEMBROKE PINES, FL 33024

\_\_\_\_\_

\_\_\_\_\_

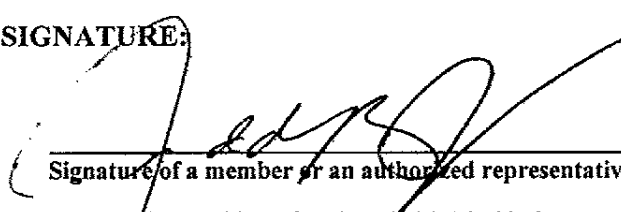
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

FREDDIE BROWN, JR

\_\_\_\_\_  
Typed or printed name of signee

**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)**

2001 FEB 21 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED