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(Ad	ldress)	
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COVER LETTER

TO:	Registration Se Division of Con				
SURII	ECT. Alers I	nsurance Services,	LLC		
3020	<u></u>		l Liability Compan	у)	
The en	closed Articles of	f Organization and fee(s) are su	ubmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
	Marie M.				
		(I	Name of Person)		
	Alers Insu	rance Services, L	LC		
		(Firm/Company)		
	1295 Pim	na Point			
			(Address)		
	Oviedo, f	Florida 32765			
		(City	State and Zip Code)		
For fur	ther information	concerning this matter, please	call:		
Mari	e M. Alers		at (407	971-393	37
	(Name	of Person)		& Daytime Te	elephone Number)
Enclos	sed is a check for	or the following amount:			
▼ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy is	J	\$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	Registration Division on Clifton Bu 2661 Exec	f Corporation	ns

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ARTICLE I - N		N FOR FLORIDA LIMITED LIAB	ILIT COMPANT
The name of the	ame: Limited Liability C	Company is:	
	e Services, LLC	With the Company of t	(C.241 C.2)
(Must end with the wo	ords "Limited Liability Co	empany, "Limited Company" or their abbreviation "LI	LC," of "L.C.,")
ARTICLE II - A		ess of the principal office of the Limited	Liability Company is:
Principal Office	Address:	Mailing Address:	
1295 Pima Point		P.O. Box 149666	
Oviedo, Florida 32	2765	Orlando, Florida 32814-9666	
The name and the		ress of the registered agent are:	
	Marie M. Alers	Name	
		- 1	
	1295 Pima Po	- 1	
	1295 Pima Po	pint	
	1295 Pima Po	pint orida street address (P.O. Box <u>NOT</u> acceptable)	
liability comp registered agent statutes relatin	1295 Pima Po Flo Oviedo, amed as registered agony at the place destand agree to act in ag to the proper and	prida street address (P.O. Box <u>NOT</u> acceptable) FL .32765	t the appointment as with the provisions of all I am familiar with and
liability comp registered agent statutes relatin	1295 Pima Po Flo Oviedo, amed as registered agony at the place destand agree to act in ag to the proper and	print prida street address (P.O. Box NOT acceptable) FL 32765 City, State, and Zip gent and to accept service of process for the signated in this certificate, I hereby accept this capacity. I further agree to comply we complete performance of my duties, and I	t the appointment as with the provisions of all I am familiar with and

<u>Title:</u> "MGR" = Ma	_	Name and Address:	
"MGRM" = 1	Managing Member		
MGR		Marie M. Alers	
		1295 Pima Point	
		Oviedo, Florida 32765	
MGRM		Nicholas V. Alers	
		1295 Pima Point	
		Oviedo, Florida 32765	
		and the state of t	
			
	ent if necessary)	the date of filing:	(OPTIONA
LE V: Effect ffective date i days after th	tive date, if other than to slisted, the date must detect the date of filing.)	the date of filing: t be specific and cannot be more tha	(OPTIONA an five business day
LE V: Effect ffective date i days after th	tive date, if other than to s listed, the date mus	the date of filing:t be specific and cannot be more tha	(OPTIONA an five business da
LE V: Effect fective date i days after th	tive date, if other than to stitle date, if other than to stitle date must be date of filing.) SIGNATURE:	t be specific and cannot be more that	an five business da
LE V: Effect fective date i days after th	tive date, if other than to stitle date, if other than to stitle date must be date of filing.) SIGNATURE:	t be specific and cannot be more the	an five business da
LE V: Effect ffective date i days after th	tive date, if other than to its listed, the date must be date of filing.) SIGNATURE: Signature of a men of this document contains a signature of the signature of t	t be specific and cannot be more that	an five business day member. xecution of perjury
LE V: Effect ffective date i days after th	tive date, if other than to its listed, the date must be date of filing.) SIGNATURE: Signature of a men of this document contains a signature of the signature of t	mber or an authorized representative of an assection 608.408(3), Florida Statutes, the exponstitutes an affirmation under the penalties ed herein are true.)	an five business day a member. Execution of perjury
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LE V: Effect fective date i days after th	s listed, the date must be date of filing.) SIGNATURE: Signature of a men of this document control that the facts state	mber or an authorized representative of an assection 608.408(3), Florida Statutes, the exponstitutes an affirmation under the penalties ed herein are true.)	an five business day member. xecution of perjury