

LD7000097004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

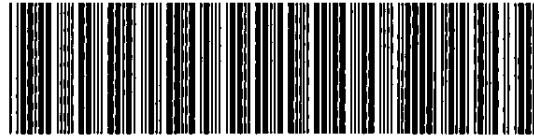
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300109706033

09/21/07--01025--005 **125.00

EFFECTIVE DATE

10/1/07

FILED
07 SEP 21 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTEGRAL ALLIANCE 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:

JON GRAUS

(Name of Person)

INTEGRAL ALLIANCE, LLC

(Firm/Company)

1527 DEWEY STREET

(Address)

HOLLYWOOD, FLORIDA 33020

(City/State and Zip Code)

For further information concerning this matter, please call:

JON GRAUS

(Name of Person)

at (954) 929-5718

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTEGRAL ALLIANCE "LLC"

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1527 DEWEY STREET
HOLLYWOOD, FL 33020

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:

JON GRAUS

Name

1527 DEWEY STREET


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

HOLLYWOOD FL 33020

City, State, and Zip

FILED
07 SEP 21 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JON GRAUS
1527 DEWEY STREET
HOLLYWOOD, FL 33020

MGRM

BILLY F. WADLEY
11941 NW 27 COURT
PLANTATION, FL 33323

MGRM

JOSEPH DELUISE
P.O. BOX 63427
MIAMI, FL 33163

MGRM

JAMES W. KEEGAN
343 PALM STREET #6
HOLLYWOOD, FL 33019

(Use attachment if necessary) X SEE ATTACHED

ARTICLE V: Effective date, if other than the date of filing: October 1, 2007. (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.)

JON GRAUS
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)

FILED
07 SEP 21 AM 10:39
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

LEONID PUSAKOR
7300 WAYNE AVE APT. 320
MIAMI BEACH, FL 33141

MGRM

DIEUGXAND RELOISTRE
7541 NW 44 COURT APT. 1
CORAL SPRINGS, FL 33065

MGRM

CHRIS FINNEGAN
2081 NW 37 AVENUE
COCONUT CREEK, FL 33066

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 1, 2007. (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.)

JON GRAUS
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)

FILED
07 SEP 21 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA