

LD70000097050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

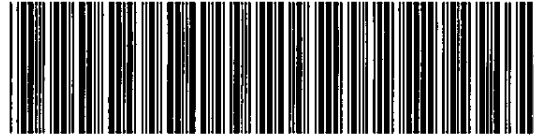
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LS

~~LD70000097050~~

Office Use Only



700106872787

08/02/07--01029--027 **155.00

2007 SEP 21 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA FINANCIAL SOLUTIONS, 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:

TANISHA L. ROEBUCK

(Name of Person)

(Firm/Company)

P.O. BOX 608662

(Address)

ORLANDO, FL 32860

(City/State and Zip Code)

For further information concerning this matter, please call:

BROOKE LINDSAY

(Name of Person)

at (813)

(Area Code & Daytime Telephone Number)

325-2408
952-2408

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2007

TANISHA L. ROEBUCK
P.O. BOX 608662
ORLANDO, FL 32860

SUBJECT: ALPHA FINANCIAL SOLUTIONS, LLC
Ref. Number: W07000038111

*Please re-file as
I've been informed that
this name is now
available.*

Thank you

We have received your document for ALPHA FINAN
your check(s) totaling \$155.00. However, the encl
filed and is being returned for the following correctio

*Tanisha
L. Roebuck*

The name designated in your document is unavailable
it is not distinguishable from the name of an existing entity. Section 608.406,
Florida Statutes, was amended effective July 1, 2007, to require the name of a
limited liability company to be distinguishable from the names of all other filings
filed with the Division of Corporations, except for fictitious name registrations and
general partnership registrations.

Please select a new name and make the correction in all the appropriate places.
One or more words may be added to make the name distinguishable from the one
presently on file. Adding of Florida or Florida to the end of the name is not
acceptable. A search for name availability can be made on the Internet through
the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words
Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The
word Limited may be abbreviated as Ltd. and the word Company may be
abbreviated as Co. The following suffixes are no longer acceptable: Limited
Company, L.C., and LC.

The document number of the name conflict is P04000146298.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6967.

Leslie Sellers
Document Specialist

Letter Number: 107A00048275

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALPHA FINANCIAL SOLUTIONS, 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:

1242 Kingsway Road, Unit 39
c/o Brooke Lindsay LINDSAY
Brandon, FL 33510

Mailing Address:

P.O. Box 834
Brandon, FL 33509

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.)

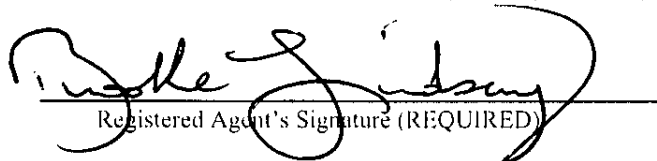
The name and the Florida street address of the registered agent are:

Brooke Lindsay
Name

1242 Kingsway Road, Unit 39
Florida street address (P.O. Box **NOT** acceptable)

Brandon FL 33510
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
2007 SEP 21 AM 11:19
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

LINDSAY
Brooke Lindsay, President
P.O. Box 834
Brandon, FL 33509

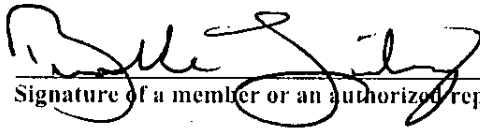
MGRM

Tanisha L. Roebuck, Vice President
P.O. Box 608662
Orlando, FL 32860

(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.)

Brooke Lindsay

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
2007 SEP 21 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA