L08000048562

| (Rec | questor's Name) | |
|---------------------------|--------------------|-------------|
| (Add | dress) | |
| , | , | |
| (Add | lress) | |
| (City | //State/Zip/Phone | a #) |
| (Oilly | /Otato/Zip/i rioin | <i>- #1</i> |
| PICK-UP | ☐ WAIT | MAIL . |
| | | |
| (Bus | iness Entity Nar | ne) |
| (Doc | cument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| | | |
| Special Instructions to F | iling Officer: | |
| | A. 1 | LUNT |
| | | _ |
| | MAY] | 5 2008 |
| | EXAN | INED |

Office Use Only



300129436403

05/14/08--01042--017 **160.00

SECRETARY OF STATE VLLAHASSEE, FLORIDA

FILED

COVER LETTER

| то: | Registration Se Division of Cor | | | | | |
|----------------|---|---|--|---|---|-------|
| oven v | nom Alpha (| Couture "Limited | Liability Com | npany" | | |
| SUBJ | ECT: / "Price" | | ed Liability Compa | | | |
| 7731 | 1 14 (1 6 | 0 10 () | . 1 | | | |
| | | Organization and fee(s) are | | | | |
| Please | return all correspo | endence concerning this mat | ter to the following: | | | |
| | Alejandro N | Manzano | | | | |
| | | | (Name of Person) | | | |
| | Alpha Cou | ture "Limited Liab | ility Compar | ıy" | | |
| | *************************************** | | (Firm/Company) | | | |
| | 10131 SW | 154 Circle Court | Unit #103 | | | |
| | | | (Address) | | ALL ALL | 7000 |
| | Miami, Flor | rida 33196 | | | AHA AHE I | |
| | | (Ci | y/State and Zip Code) |) | 4RY SSE | |
| For fu | rther information c | oncerning this matter, pleas | e call | s | | E N |
| | | | | | ORI | |
| Alej | andro Manz | | _ at (| 746-2309 | | テ |
| | (Name o | of Person) | (Area Code | e & Daytime Telep | pnone Number) | |
| Enclo | sed is a check for | the following amount: | | | | |
| □ \$125 | .00 Filing Fee 【 | \$130.00 Filing Fee & Certificate of Status | \$155,00 Filing Certified Cop (additional copy | у | \$160.00 Filing For Certificate of State Certified Copy (additional copy is expected) | tus & |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration Division of Clifton Bo 2661 Exec | urier Address on Section of Corporations uilding cutive Center Ci ee, FL 32301 | ircle | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICL | Æ I - | Name: |
|--------|-------|-------|
|--------|-------|-------|

The name of the Limited Liability Company is:

Alpha Couture "Limited Liability Company"

(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: |
|--|--|
| 10131 SW 154 Circle Court Unit #103 Miaml, Florida 33196 | 10131 SW 154 Circle Court Unit #103 Miaml, Florida 33196 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re Alejandro Manzano | red Agent. You must designate an individual or another |
| Name 10131 SW 154 Circle Florida street addr Miami, Florida 33196 City, State, an | ess (P.O. Box NOT acceptable) |

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:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|--|--|
| "MGRM" = Managing Member | |
| Alejandro Manzano "MGRM" | 10131 SW 154 Circle Court Unit #103 Miami, Florida 33196 |
| | |
| Nimesh D Thankker "MGR" | 7911 SW 157 Court Miami, Florida 3319 |
| | AR H |
| | AAT Y |
| _ | |
| | |
| | NO STE |
| | |
| | |
| (Use attachment if necessary) | |
| (| |
| | (OPTION) |
| | he date of filing: (OPTIONAL) |
| | he date of filing: (OPTIONAL be specific and cannot be more than five business day |
| ffective date is listed, the date must | |
| fective date is listed, the date must days after the date of filing.) | |
| fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: | t be specific and cannot be more than five business da |
| fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: | |
| ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document co | t be specific and cannot be more than five business day |

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)