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SECRETARY OF STATE
ALLAHASSEE FLORINA

T. HAMPTON

JUN - 2 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CCT: ALKOWNI Group LLC (Name of Limited Liability Company)
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	BASSAM R. ALKOWNI (Name of Person)
	ALLOWNI GROUP LLC
	6081 W. HWY. 192
	(Address) Kissimmee A- 34747 (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
BI	AJSAM ALLOWN at (925) 323-9/68 (Name of Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a check for the following amount:
/	00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \\$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



RECEIVED 00 MAY 30 PM 12: 59

SECHEMAN UP STATE TALLAHASSEE, FLORIDA

May 13, 2008

BASSAM R ALKOWNI 6081 W HWY 192 KISSIMMEE, FL 34747

SUBJECT: ALK'S GROUP LLC Ref. Number: W08000023889

We have received your document for ALK'S GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or 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 L06000107032 (ALK GROUP, LLC).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 908A00030482

Registration/Qualification Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
ALKOWNÍ GROUP 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: 6081 W. HWY. 192 Same, as Pricipal Office Kissimmee 17.34747
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: BASSOM ALLOWNI Name GOS I W - HWY - 192 Florida street address (P.O. Box NOT acceptable) KISSIMMEL FL 34747 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) ALLAHASSE TARY 30 CONTINUED) Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MCP	Osama Alkouni 15843 S. Apopta Vineland
MGRM	BASSAM ALKOUNI' 6081 W. HVY 192 Kissimmee 162. 34747
(Use attachment if necessary)	
(Ose attachment if necessary)	
LE V: Effective date, if other than t	the date of filing: (OPTIONAL) at be specific and cannot be more than five business days prior
LE V: Effective date, if other than the frective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior
CLE V: Effective date, if other than to 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	mber or an authorized representative of a member. a section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
CLE V: Effective date, if other than to 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	mber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution
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Page 2 of 2