

LD8000084500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

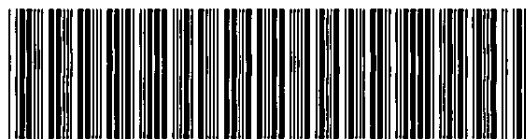
Special Instructions to Filing Officer:

L. SELLERS

SEP - 5 2008

EXAMINER

Office Use Only



000135063990

09/04/08--01012--013 \*\*155.00

RECEIVED  
08 SEP -4 PM 3:02  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

FILED  
08 SEP -4 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:**      ASHLEY SMITH

**DATE:**            09-04-2008

**REF. #:**           001660.91985

**CORP. NAME:**   ALUBELL II, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 527419 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

Audit#

## ARTICLES OF ORGANIZATION

**ALUBELL II, LLC**  
a Florida limited liability company

### ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

**ALUBELL II, LLC**

### ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

7327 Tillman Dr.  
Lake Worth, Florida 33467

### ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Kamala R. Chapman  
7327 Tillman Dr.  
Lake Worth, Florida 33467

Audit#

FILED  
08 SEP -4 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Audit#

ARTICLE IV  
MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations or Operating Agreement of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 4<sup>th</sup> day of September, 2008.

By: \_\_\_\_\_

Kamala R. Chapman

"Authorized Representative"

Audit#

FILED  
08 SEP -4 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Audit#

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

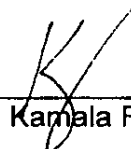
**ALUBELL II, LLC**

2. The name and the Florida street address of the registered agent is:

Kamala R. Chapman  
6400 Congress Avenue, Suite 2200  
Boca Raton, FL 33487

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: \_\_\_\_\_

  
Kamala R. Chapman

"REGISTERED AGENT"

Audit#