## L08000105325

(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:		





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TALLAHASSEE FLORIE

2000 NOV 10 PH 2: 0

C. LEWIS NOV 1 2 2008 EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Alpro Management LLC (Name of Limited Liability Controlly)			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
taren Mahlios			
(Name of Person)  Alpro Magement  (Firm/Company)			
4411 60th STC+W			
Bradenton, FC 34210 (City/State and Zip Code)			
For further information concerning this matter, please call:  **The Concerning this matter, please call:  (Name of Person)  (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)			
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

2000 NOV 10 PM 2: 05

ARTICLES OF ORGANIZATION FOR FL	TALLAHASSEE, FLUMPANY
<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:	
All pro Mana (Must end with the words "Limited Liabili	gement LCC tycompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4411 60th StCT W Bradenton FC 34210	
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:

Branlon 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..

(CONTINUED) Page 1 of 2

FILED

ARTICLE IV- Manager(s) or Mar The name and address of each Mana	naging Member(s): ger or Managing Member is as fol	lows: 2000 NOV 10 PM 2: 05
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SLUNETARY OF STALL TALLAHASSEE, FLORIO
MGRW - Managing Member	Karen Ma 2207 Syd Sacaso fu	hlios Telle St Ec 3/237
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(Use attachment if necessary)		
FICLE V: Effective date, if other than the in effective date is listed, the date must b r 90 days after the date of filing.)		
REQUIRED SIGNATURE:		
Signature of a member	Mahelis er or an authorized representative of a	member.
(In accordance with se of this document const	ction 608.408(3), Florida Statutes, the ex itutes an affirmation under the penalties of	ecution of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee