

LO9000044397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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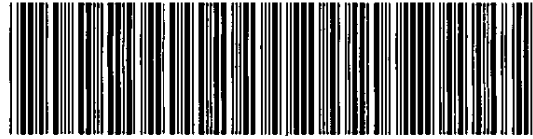
(Business Entity Name)

(Document Number)

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05/06/09--01038--006 **160.00

Effective Date 05/01/09

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY - 6 AM 10:51

T. HAMPTON

MAY - 7 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alpha and Omega Contractors of NW.FL. 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:

Helen Nicole Moncada Urbina

Name of Person

Alpha and Omega Contractors of NW.FL. LLC.

Firm/Company

121 E Shipwreck Rd

Address

Santa Rosa Beach Florida 32459

City/State and Zip Code

caddy4ras@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanne A Sassano

Name of Person

at (850) 424-5378

Area Code & Daytime Telephone Number

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

Effective Date 05/01/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alpha and Omega Contractors of NW.FL. 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:

121 E Shipwreck Rd
Santa Rosa Beach Florida 32459

Mailing Address:

P O Box 9176
Miramar Beach Florida 32550

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:

Joanne A Sassano

Name

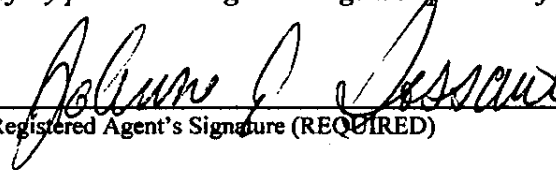
121 E Shipwreck Rd

Florida street address (P.O. Box NOT acceptable)

Santa Rosa Beach FL

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY - 6 AM 10:51

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

Irma Judith Urbina

121 E Shipwreck Rd

Santa Rosa Beach Florida 32459

Manager

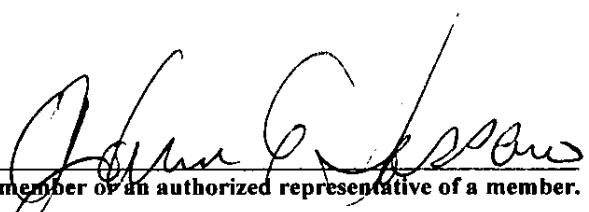
Helen Nicole Moncada Urbina

121 E Shipwreck Rd Florida 32459

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 1, 2009. (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.)

Joanne A Sassano

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)**