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(Re	questor's Name)	1			
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status <u>∵. ⊬</u>			
Special Instructions to	Filing Officer:				
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Office Use Only

S HAWKES

SEP 0 3 2009

EXAMINER

S. HAWKES

W.8-2099

EXAMINER

W09-3421P



July 8, 2009

LEIGH KENDALL 318 HAWTHORNE DRIVE LAKE PARK, FL 33403

SUBJECT: ALFPBG, LLC Ref. Number: W09000031426

We have received your document for ALFPBG, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return 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) 245-6955.

Letter Number: 309A00023401

Suzanne Hawkes Regulatory Specialist II

Division of Corporations DO ROY 6327 Tallahasson Florida 32314

COVER LETTER

то:	Registration S Division of Co						
SURII	cor.		ALFF	BG, L	LC		
3000	Name of Limited Liability Company						
The en	closed Articles o	of Organization and fee(s) are	submitt	ed for fil	ing.		
Please	return all corres _i	oondence concerning this mat	ter to th	e followi	ng:		
		<u>l</u>		Kendal	<u> </u>		
			Name	of Person			
		· · ·		BG, LLC			
			Firm/C	Company			
	318 Hawthorne Drive						
			Ade	dress			
	Lake Park, FI 33403						
		Cit	y/State a	ınd Zip Co	ode		
				th@ao			
		E-mail address: (to be used		annual re	port notificatio	n)	
For fur	ther information	concerning this matter, pleas	e call:				
	Leig	h Kendall	_ at (561	_)	627-1782	
	Name	of Person		Area Co	de & Daytime	Telephone Number	
Enclos	ed is a check for	or the following amount:					
] \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	— Ce	rtified C	ing Fee & Copy Opy 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		Registra Division Clifton 2661 E	Courier Addration Section of Corporat Building xecutive Centuses, FL 3230	ions er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	SE FL				
ALFPBG, L	7 7 7				
(Must end with the words "Limited Liabilit					
(79 8				
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:				
9820 Alt. A1A Suite 206	318 Hawthorne Drive				
Palm Beach Gardens, Fl 33410	Lake Park, Fl. 33403				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another				
	<u>,</u>				
Leigh Kendall					
Name					
318 Hawthorne Drive					
Florida street address (P.O. Box NOT acceptable)					
Lake Park, Fl 33403	FL				
City, State, and					
liability company at the place designated in th	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all				

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" = Manag			28 % N				
MGRM	,	Leigh Kendall					
		318 Hawthorne Drive Lake Park, FL 33403	2 60				
MGRM		Clint Kendall	, s. 15.00 is				
		318 Hawthorne Drive Lake Park, FL 33403	0				
		·	,				
			-				
(Use attachment if r	necessary)						
ARTICLE V: Effective date			(OPTIONAL)				
(If an effective date is listed to or 90 days after the date	·	ecific and cannot be more than	five business days prior				
REQUIRED SIGNATURE;							
	PR/e.	la l					
Signature of a member or an authorized representative of a member.							
o	(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.)						
_	Leigh Kendall Typed or printed name of signee						
Filing Fees:	. , , pod 0	- F					

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)