

L10000003485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

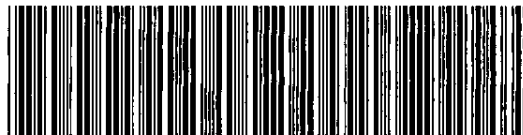
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Certified Copies _____

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FILED
2010 JAN 11 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JAN 12 2010
EXAMINER

Gerald Faraino
PO Box 611631
Rosemary Beach, Florida 32461
(205) 223-4344

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

January 8, 2010

Dear Sir/Madame:

Enclosed is a check in the amount of \$125.00 to cover the filing fee for the formation of Alavest, LLC.

Thank you.

Sincerely,



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alavest, 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:

46 Abaco Lane #B
Rosemary Beach, FL 32413

Mailing Address:

PO Box 611631
Rosemary Beach, FL 32461

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:

Gerald Faraino

Name

46 Abaco Lane

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

Rosemary Beach, 32461 FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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.

Gerald Faraino

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

2010 JAN 11 AM 9:36

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Jerry Faraino

PO Box 611631

Rosemary Beach, FL 32461

MGRM

Zach Shipps

237 Snyder Drive

Venice, FL 34292

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Gerald Faraino

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)