

CU000057179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2010 MAY 26 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
MAY 27 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA GLOBAL SOLUTIONS, 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:

NORMAND TRAVIS
Name of Person

Firm/Company

1821 HILLDALE ROAD, STE 1B-157
Address

DURHAM, NC 27705
City/State and Zip Code

NTRAVIS23@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORMAND TRAVIS at 919 215-5576
Name of Person 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALPHA GLOBAL SOLUTIONS, 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:

2155 NORTH McMULLEN BOOTH RD.

CLEARWATER, FL 33759

Mailing Address:

1821 HILLDALE RD., STE 1B-746

DURHAM, NC 27705

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures

(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:

DAVID WALKER

Name

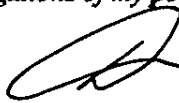
2155 NORTH McMULLEN BOOTH ROAD

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

CLEARWATER FL 33759

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)

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

NORMAN TRAVIS
1821 HILLANDALE RD., SUITE 18-157
DURHAM, NC 27705

MGRM

ALVIN WELTON
3 CHEVOIT COURT
DURHAM, NC 27712

MGRM

MARIO GURLEY
2762 MERIDIAN DR., #2
GREENVILLE, NC 27834

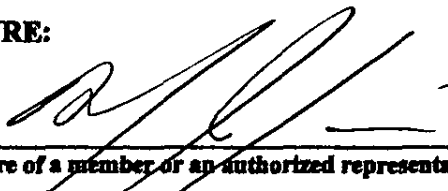
MGR

DAVID WALKER
2155 NORTH McNULLEN BOOTH ROAD
CLEARWATER, FL 33759

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5-24-10 (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.)

NORMAN TRAVIS
Typed or printed name of signer

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)

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STATE
FLORIDA
CLERK
TALLAHASSEE