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TALLAHASSES FLORIDA

COVER LETTER

Registration Section
Division of Corporations

OF

SUBJECT: Alpha C	mega Systems, LLC			
		ed Liability Company		
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
Marvin L. Boo	one			
alf	ha Omean	Name of Person	_ ~	2010 JU
		Firm/Company		N 28 HASSS
6860 Kettle C	reek Drive,			<u> </u>
		Address		ELDAN ELDAN
Jacksonville,				
	Ci	y/State and Zip Code		
info@alphaor	negasystemsinc.com			
For further information	E-mail address: (to be used concerning this matter, pleas	•	nineation)	
Marvin L. Boone		_at (_904)73	5-7760	
Name	of Person	Area Code & D	aytime Tele	phone Number
Enclosed is a check for	or the following amount:			
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing For Certified Copy (additional copy is e		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courie Registration S Division of C Clifton Build 2661 Executiv Tallahassee, I	ection orporations ing ve Center C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Alpha Omega Systems, LLC (Must end with the words "Limited Liabil	iity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6860 Kettle Creek Drive,	6860 Kettle Creek Drive,
Jacksonville, Fla 32222	Jacksonville, Fla 32222
	tered Agent. You must designate an individual or another
Jacksonville, Fla 32222 City, Sta	FL ate, and Zip
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(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:

"MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGR	Marvin L. Boone
	6860 Kettle Creek Drive,
	Jacksonville, Fla 32222
	\$ 28 C
	TO B
·	
	<u> </u>
(Use attachment if necessary)	
CLE V: Effective date, if other the	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days price
CLE V: Effective date, if other the effective date is listed, the date is	han the date of filing: 6-/7-/6. (OPTIONAL) must be specific and cannot be more than five business days prio
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.)	han the date of filing: 6-17-10. (OPTIONAL) must be specific and cannot be more than five business days prior
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	han the date of filing:
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: In accordance of this docume	must be specific and cannot be more than five business days prio
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: In accordance of this docume	must be specific and cannot be more than five business days prious prember of an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution and the constitutes an affirmation under the penalties of perjury that the description is the section are true.)

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)