

Division of Corporations

Page 1 of 2

L10000113190

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000236965 3)))



H100002369653ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

Effective Date 10/27/10

From: Account Name : DAVID R. CARTER, P.A.  
Account Number : I20010000053  
Phone : (352) 686-6278  
Fax Number : (352) 686-7324

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: sh@davidrcarter.com

RECEIVED  
10 OCT 29 AM 6:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
ALLIANCE ACQUISITION GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

FILED  
10 OCT 29 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

NOV -1 2010

EXAMINER

H100002369653

FILED  
10 OCT 29 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
ALLIANCE ACQUISITION GROUP, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is **ALLIANCE ACQUISITION GROUP, LLC.**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

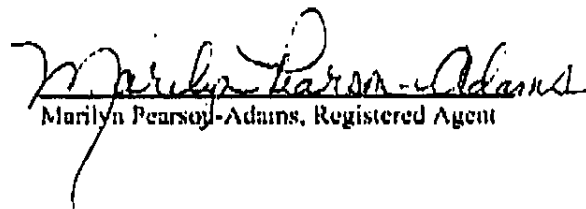
Principal Office Address:	Mailing Address:
15090 Surrey Bend Brooksville, FL 34609	15090 Surrey Bend Brooksville, FL 34609

Effective Date 10/27/10

**ARTICLE III - REGISTERED AGENT**

The name and the Florida street address of the Registered Agent is Marilyn Pearson-Adams, 15090 Surrey Bend, Brooksville, FL 34609.

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, *Florida Statutes*.

  
Marilyn Pearson-Adams, Registered Agent

H100002369653

H100002369653

ARTICLE IV - MANAGEMENT

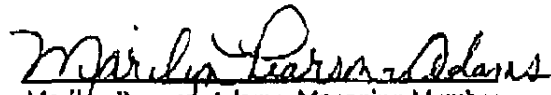
The name and address of each Manager or Managing Member is as follows:

Name and Address:	Title
Marilyn Pearson-Adams 15090 Surrey Bend Brooksville, FL 34609	Managing Member
Julie Roithmeier 14436 Linden Drive Spring Hill, FL 34609	Member
Gary B. Schraut 9860 Domingo Drive Brooksville, FL 34601	Member

ARTICLE V - EFFECTIVE DATE

The effective date, if other than the date of filing, is October 27, 2010.

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.

  
Marilyn Pearson-Adams, Managing Member

**FILED**  
10 OCT 29 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H100002369653