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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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SECRETARY OF STATE
FALLAHASSEE, FLORIOA

J. BRYAN

MAR 2 9 2011

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	ALFEE, A	LLC	
	Name of Limit	ted Liability Company	-
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
James	Calfee		
		Name of Person	
			SECRE TI
		Firm/Company	100 P
395 3	SW 34th TER		R28 PH 2: 55 HASSEE, FLORIE
-	. 1	Address	- 50 K
Deerfi	eld Beadh	FL 33442	55 ORIDE
	Cit	ty/State and Zip Code	
james 1	Calfee info Esmail address: (to be used)	FL 33442 ty/State and Zip Code for future annual report notification)	
	n concerning this matter, please		
James C	alfee	at (954) 358 9936 Area Code & Daytime Telephone Number	
Nam	e 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 & \$160.00 File Certified Copy (additional copy is enclosed) Certified Contact (additional contact contact to the contact co	of Status &
	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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:						
chall	110					

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
395 SW 34th Ter Decrfield Beach FL 33442	395 SW 34th Ter Deorfield Beach FC
ARTICLE III - Registered Agent, Register	33442_ ed Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	

The name and the Florida street address of the registered agent are:

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)

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 "MGRM" = Managing Member	Name and Address:
MGRM	James Calfee 395 SW 34th TER Deerfield Beach FC 33442
MIGRM	Deertield Beach FC 33442 Jody Lobaugh-Calfee 395 SW 3444 TER Deerfield Beach FL 33442
	11 MAR 28 SECRETARY ALLAHASSE
(Use attachment if necessary)	PH 2: 55 FLORIDA OPTIONAL)
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be spor 90 days after the date of filing.) REQUIRED SIGNATURE:	tte of filing: (OPTIONAL) pecific and cannot be more than five business days pri
- Ojum	or an authorized representative of a member.
(In accordance with section 608.40 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as	08(3), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State s provided for in s.817.155, F.S.)

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)