

# L11000051473

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To:

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From:

Account Name : CSH SERVICES, LLC  
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**FLORIDA LIMITED LIABILITY CO.  
A TU ALCANCE LLC**

Certificate of Status	0
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**EXAMINER**

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

A TU ALCANCE LLC

**ARTICLE II ADDRESS**

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


101 PLAZA REAL S, STE N210  
BOCA RATON, FLORIDA 33432

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

MAYTTE GEIGER  
101 PLAZA REAL S, STE N210  
BOCA RATON, FLORIDA 33432

Having been named as registered agent 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.

X   
\_\_\_\_\_  
MAYTTE GEIGER / Registered Agent's signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

LIZZIE ALARCON

101 PLAZA REAL S, STE N210

BOCA RATON, FLORIDA 33432

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.....  
X

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.

LIZZIE ALARCON

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