<u>87120100111</u>

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EXAMINER



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IN SEP-6 ANII: 58
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Registration Section

TO:

Division of	Corporations			
SUBJECT: Alie	ntech LLC			
		ed Liability Compa	any	
The enclosed Article	s of Organization and fee(s) are	submitted for filing	g.	
Please return all corre	espondence concerning this mat	ter to the following	g :	
Yang Li	li	.		
		Name of Person		
Aliented	ch LLC			
		Firm/Company		
2856 SI	E Monroe st			
	· · · · · · · · · · · · · · · · · · ·	Address		· · · · · · · · · · · · · · · · · · ·
Stuart FL	34997			
<u> </u>		y/State and Zip Code		
treelili999	@yahoo.com	<u> </u>		
	E-mail address: (to be used to	_	ort notification)
For further information	on concerning this matter, please	e call:		
Yang Lili		at (772	2404468	3
Nar	ne of Person		& Daytime To	elephone Number
Enclosed is a check	for the following amount:			
3125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Co	ру	\$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	Registrati Division Clifton B 2661 Exe	ourier Addre- ion Section of Corporation duilding ecutive Center see, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Alientech LLC		
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liz	ability Company is:
Principal Office Address:	Mailing Address:	
2856 SE Monroe St Stuart FL 34997	2856 SE Monroe St Stuart FL 34997	
Studit FE 34337	Guart L 04007	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		
The name and the Florida street address of the	ne registered agent are:	AEC: S
Yang Lili		SEP-6 CRETARY LAHASSE
Na		3355 7.6
2856 SE Monro	e St	
Florida street	address (P.O. Box NOT acceptable)	D STAI FLOR
Stuart	_{FL} 34997	ARDA

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..

City, State, and Zip

Gent'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:

"MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGR	Yang Lili
	2856 SE Monroe St
	Stuart FL 34997
	
(Tina attachment if massace	
	er than the date of filing: (OPTIONA
CLE V: Effective date, if other offective date is listed, the date days after the date of filing	er than the date of filing: (OPTIONA te must be specific and cannot be more than five business day 3.)
CLE V: Effective date, if other offective date is listed, the date	er than the date of filing: (OPTIONA te must be specific and cannot be more than five business day 3.)
LE V: Effective date, if other fective date is listed, the date of filing	er than the date of filing: (OPTIONAlte must be specific and cannot be more than five business day 3-)
CLE V: Effective date, if other fective date is listed, the date of filing REQUIRED SIGNATURE	er than the date of filing: (OPTIONAlte must be specific and cannot be more than five business day g.)
CLE V: Effective date, if other fective date is listed, the date of days after the date of filing REQUIRED SIGNATURE Signature (In accordance with constitutes an affirm I am aware that any	er than the date of filing: (OPTIONAlte must be specific and cannot be more than five business days.) E: C AMAGMA C
CLE V: Effective date, if other offective date is listed, the date of days after the date of filing REQUIRED SIGNATURE Signature (In accordance with constitutes an affirm I am aware that any	er than the date of filing: (OPTIONAl te must be specific and cannot be more than five business day (3). E: Of a member or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State tegree felony as 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)