## L12000017989

(Requestor's Name)	
(Address)	
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	,
(City/State/Zip/Phone #)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Business Entry Name)	
(Document Number)	
(Document Number)	
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Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	
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SECRETARY OF STATE DIVISION OF COSPORATION

T. HAMPTON

## **COVER LETTER**

	ion Section of Corporations		
SURJECT. AL	R Associates, LLC	,	
30b)EC1		ed Liability Company	
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.	
	rrespondence concerning this mat	·	
Teddy	W Foreman		
Today	VV V OTOTTIAL!	Name of Person	_
		Firm/Company	
6278 N	N Federal Highway #	Address	
		Addices	
Ft. Lauc	lerdale, FL 33308	y/State and Zip Code	_
agualun	grep@yahoo.com	y/State and Zip Code	
		for future annual report notification)	
For further informa	ation concerning this matter, pleas	e call:	
Teddy W. Fo	reman	_at (954 ) 614-9853	
N	lame of Person	Area Code & Daytime Telephone Number	
Enclosed is a che	ck for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee &	
	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

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
1154	·
ALR Associates, LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
The maning address and shoot address of the	principal critical or and minimal macrify company is:
Principal Office Address:	Mailing Address:
6278 N Federal Highway	6278 N Federal Highway
#223	#223
Ft. Lauderdale, FL 33308	Ft. Lauderdale, FL 33308
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
Teddy W. Foreman	
Na	me
6278 N Federal	Highway #223
Florida street	address (P.O. Box NOT acceptable)
Ft. Lauderdale	<sub>FL</sub> 33308
City	State, and Zip

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)

Page 1 of 2

SECRETARY OF STATE
SECRETARY OF

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:	
MGR	Teddy W. Foreman 6278 N Federal Highway #223 Ft. Lauderdale, FL 33308	
(Use attachment if necessary)	day (CRII)	<b>.</b> T A F \
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	date of filing: (OPTIO e specific and cannot be more than five business	NAL) lays <sub>l</sub>
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