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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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J. SAULSBERRY EXAMINER

APR 17 2012

COVER LETTER

TO: Registration Secti Division of Corpo				
NINE A IPUA	BUSINESS TE	CMU/tis ECH. SERVICES	ervices)	
SUBJECT: AIPHA	Name of Limited Li	ability Company	, LLC.	
·				
The enclosed Articles of Or	ganization and fee(s) are subm	aitted for filing.		
•	lence concerning this matter to	•		
JEA	N. A. DORCE/	Nostradamu	15)	
AlPHA BU	SNESS TECH S	ERVICES, LLC(me	ulti services)	
2665	S. BAYSHORE	DR. #220		
	,	Address	OIZ A	
COCONU	T GROVE Flor	RIDA 33133	APR AHAS	****
idorce			16 / RANGE	j
Judice	V-mail address: (to be used for ful	nure annual report notification)	- 	£
For further information con-	cerning this matter, please call	:	8: 51 TATE ORIDA ORIDA	
JEAN A. DORC Name of P	Ely (Nostvadamus)at (305) 360-6 Area Code & Daytime Telep	6 97/ hone Number	
Erfclosed is a check for th	ne following amount:			
\$125.00 Filing Fee \$	Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
F I I	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A/PHA BUSINESS TECH SERVI (Must end with the words "Limited Liability	CES LLC. (multiservices) ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2665 SBOYSHOREDRHZZO COCONUT GROVE, FLARIDA 33.133	2665 S. BAYSHOREUR #220 COCONUTGROVE, FLAJA 33133
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
JEAN A. DORCELY Name	Si on !
Florida street add	ress (P.O. Box NOT acceptable)
,	ite, and Zip secrept 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

The name and address of each Manager	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
JEAN A. DORCELY MIGAR	2665 S BaysHORE DR # 220. CO CONUT GROVE, FloRIDA 33133
JEHN A. DORCELY MGRM	2665 SBAYSHOREDS #220 COCONUT GROVE FLORIDA 3313 3
(Use attachment if necessary) ARTICLE V: Effective date, if other than the da If an effective date is listed, the date must be s o or 90 days after the date of filing.)	
of 70 days after the date of fining.)	
REQUIRED SIGNATURE:	
Signature of a member o	or an authorized representative of a member.
(In accordance with section 608.40	08(3), Florida Statutes, the execution of this document se penalties of perjury that the facts stated herein are true.

ARTICLE IV- Manager(s) or Managing Member(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)

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

A. Dorcely (Nostradamus
Typed or printed name of signee