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(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies (Certificates of Status
Special Instructions to Filing 0	Officer:

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EXAMINER



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COVER LETTER

TO: Registration S Division of Co				ŕ	
_{SUBJECT:} Alicia	Noreen L.L.C.				
	Name of Limit	ted Liability Com	pany		
The enclosed Articles of	of Organization and fee(s) are	submitted for fili	ng.		<u>ુ</u>
Please return all corresp	oondence concerning this mat	ter to the followir	ıg:	*	1,41510 1,510 1,510 1,510
Alicia Ab	raira			K SEP (3	
		Name of Person		<u>်</u>	9
		Firm/Company		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7
EC40 C E	· Mind Onnal m				دن
5610 S.E	. Wind Song Ln, A	Apt 430 Address			
Ohione Eli	0.4007				
Stuart, FI		ty/State and Zip Cod	de		
ΔliciaΔhrair	a@yahoo.com	ly/State and Zip Co	ic .		
7 (IICIA) (DI AII	E-mail address: (to be used	for future annual re	port notification	n)	
For further information	concerning this matter, please	e call:			
Alicia Abraira		_ _{at (} 561	383-022	21	
Name	of Person		le & Daytime T	Celephone Number	
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional co		\$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	Registra Division Clifton 2661 Ex	Courier Addra tion Section n of Corporati Building secutive Cente ssee, FL 3230	ons er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alicia Noreen L.L.C.

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

ARTICLE II - Address:

Duinainal Office Address

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

Frincipal Office Address:	Mainie Audress.		
Alicia Abraira	Alicia Abraira		
5610 S.E. Wind Song Ln, Apt 430	5610 S.E. Wind Song Ln, Apt 430		
Stuart El 24007	Stuat El 24007		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Alicia Al	braira
	Name
5610 S	S.E. Wind Song Ln, Apt 430
	Florida street address (P.O. Box NOT acceptable
Stuart	_{FL} 34997
	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 possion as registered agent as provided for in Chapter 608, F.S.

Registered Went's Signature (REQUIRED)

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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	Alicia Abraira 5610 S.E. Wind Song Ln, Apt 430 Stuart, Fl 34997
(Use attachment if necessary)	
	e date of filing: (OPTIONAL be specific and cannot be more than five business days
REQUIRED SIGNATURE:	er on an authorized representative of a member.

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)

Typed or printed name of signee