

L12000122294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

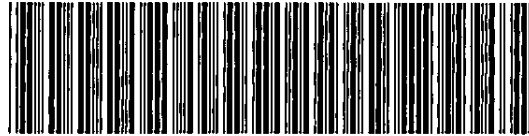
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000239772910

09/24/12--01031--008 \*\*125.00

FILED  
2012 SEP 24 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

SEP 25 2012

EXAMINER

**Offit | Kurman**  
Attorneys At Law

Alicia Chambers  
Legal Assistant  
Direct: 240.507.1763  
[achambers@offitkurman.com](mailto:achambers@offitkurman.com)

September 18, 2012

**VIA FIRST CLASS MAIL**

Clerk of the Court  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: ALS Group Holdings, LLC**

Dear Sir/Madam:

Attached please find an original and three (3) copies of an Articles of Organization regarding the ALS Group Holdings, LLC to file with the Court. Please return a file-stamped copy in the self-addressed envelope for our records.

Should you have any questions or concerns, please feel free to call or email me at the number and email address above. Thank you.

Sincerely,

  
Alicia Chambers  
Legal Assistant to Gal N. Kaufman

Enclosures: 4  
cc: file

FILED  
2012 SEP 21 AM 10:43  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALS Group Holdings, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gal N. Kaufman, Esq.

Name of Person

Offit Kurman

Firm/Company

4800 Montgomery Lane, 9th Floor

Address

Bethesda, MD 20814

City/State and Zip Code

gkaufman@offitkurman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gal N. Kaufman

Name of Person

at ( 240 ) 507-1709

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2012 SEP 24 AM 10:43  
FILED  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ALS Group Holdings, LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

5435 Blue Heron Lane  
Wesley Chapel, FL 33543

#### Mailing Address:

5435 Blue Heron Lane  
Wesley Chapel, FL 33543

### 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:

Andrew L. Sandler

Name

5435 Blue Heron Lane

Florida street address (P.O. Box **NOT** acceptable)

Wesley Chapel FL 33543

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)

2012 SEP 24 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Andrew L. Sandler  
5435 Blue Heron Lane  
Wesley Chapel, FL 33543

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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. 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.)

Andrew L. Sandler

\_\_\_\_\_  
Typed or printed name of signer

**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)

FILED  
2012 SEP 24 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA