#13000093103

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	,
Certified Copies		
Special Instructions to	Filing Officer:	

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K.SALY EXAMINER JUN 28 2013

COVER LETTER

TO: Registration Section **Division of Corporations** Alternative Risk Professionals 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: **Brent Pinkerton** Name of Person Firm/Company 670 N Rriver Rd Address Venice, FL 34293 City/State and Zip Code bpinkerton@purposeaso.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brent Pinkerton Name of Person Enclosed is a check for the following amount: □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, ■\$125.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

is:
iability Company, "L.L.C.," or "LLC.")
nability Company, E.E.C., or EEC.
e principal office of the Limited Liability Company is:
Mailing Address:
670 N River Rd
Venice, FL 34293
red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another ne registered agent are:
address (P.O. Box NOT acceptable)
FL 34293
, State, and Zip
to accept service of process for the above state limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of plete performance of my duties, and I am familiar with a registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member	er	
MGR	Alpha insurance Management Corporation	
	1 Beach Dr SE, Second Floor	
	St. Petersburg, Florida 33701	
MGR	Brent Pinkerton	
	670 N River Rd	
	Venice, FL 34293	
MGR	Julevest LLC	
	570 N River Rd	
	Venice, FL 34293	
MGR	Kim Family Holdings LLC	
	4509 Bee Ridge Road Suite C	
	Sarasota, FL 34233	
	than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business day iling.)	
REQUIRED SIGNATURE:	a member or an authorized representative of a member.	
_		

Brent Pinkerton

Typed or printed name of signee

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

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)