

L13000126281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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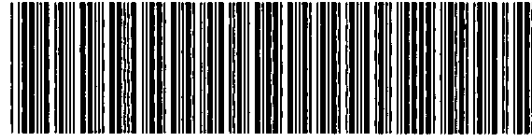
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE FLORIDA  
SECRETARY OF STATE

J. SAULSBERRY  
EXAMINER  
SEP 6 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALPHA MALE CLUB, 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:

NIKKI ARUTYUNYAN  
(Name of Person)

ATTORNEYS CORPORATION SERVICE, INC.  
(Firm/Company)

5668 E 61ST ST  
(Address)

COMMERCE, CA 90040  
(City/State and Zip Code)

For further information concerning this matter, please call:

NIKKI ARUTYUNYAN at ( 800 ) 462-5487 X113  
(Name of Person) (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

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DIVISION OF CORPORATIONS

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Alpha Male Club, 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:**

18851 NE 29th Ave. #792

Aventura, FL 33180

**Mailing Address:**

18851 NE 29th Ave. #792

Aventura, FL 33180

**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:

Legalinc Corporate Services, Inc.

Name

841 Prudential Drive 12th Floor

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

Jacksonville, FL 32207

FL

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.*

Legalinc Corporate Services Inc.

By: 

Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

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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>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<u>MGRM</u>	<u>Glencarlo Cappuccia Cappuccia</u> <u>Carrera 19 #86A-11 Apt. 801</u> <u>Bogota, Cundinamarca, Colombia</u>
<u>MGRM</u>	<u>James Swanwick</u> <u>188 Ludlow St. #17B</u> <u>New York, NY 10002</u>
<u>MGRM</u>	<u>Andrew Fletcher</u> <u>Calle 104 #17-37 #801</u> <u>Bogota, Cundinamarca, Colombia</u>
<u>MGRM</u>	<u>Bogdan Ravaru</u> <u>Carrera 16 #94-46 #402</u> <u>Bogota, Cundinamarca Colombia</u>

(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.)

ROBERT A. BIANCHI  
Typed or printed name of signee

**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)

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STATE OF FLORIDA  
TALLAHASSEE