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## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

Alonso Investment Group 301 South, LLC

Name of Limited Liability Company

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

Please

Tallahassee, FL 32314

Please return all corresp	ondence concerning this matt	er to the following	,
Armano	do Alonso		
<del>,</del>		Name of Person	
Alonso	Investment G	roup 30°	1 South, LLC
		Firm/Company	
9301 S	ilver Lake Driv	<b>ve</b>	
		Address	
Leesbu	rg, FL 34788		
		y/State and Zip Code	e
mandyam	ericachoice@gma		
	E-mail address: (to be used	for future annual repo	ort notification)
For further information	concerning this matter, please	call:	
Armando A	Alonso	352	267 4099
Name	of Person		& Daytime Telephone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Co (additional cop	opy Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Registrat	ourier Address ion Section of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L	<b>me:</b> .imited Liability Co	mpany is:					
Alonso Investment Gro	oup 301 South, LLC						
(M	lust end with the words "I	imited Liability Co	ompany, "L.L.C.," or "LLC.")				
ARTICLE II - Ac The mailing addre		s of the princi	pal office of the Limited	Liability Company is:			
Principal Office Address:		<u>M</u>	Mailing Address:				
9301 Silver Lake Drive	•	93	01 Silver Lake Drive				
Leesburg, FL 34788		Le	esburg, FL 34788				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indibusiness entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Armando Alonso  Name				FIL SECHELARY			
		Numo					
	9301 Silver Lake Drive			95 G			
		da street address	(P.O. Box <u>NOT</u> acceptable)	IDA TE			
	Leesburg,	FL FL		တ			
		City, State, a	nd Zip				
liability compo registered agent all statutes rela	my at the place desi and agree to act in ting to the proper at	gnated in this of this capacity. nd complete pe	pt service of process for certificate, I hereby acce I further agree to compl rformance of my duties, cred agent as provided fo	pt the appointment as y with the provisions of and I am familiar with			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
Manager	Armando Alonso	
<del></del>	9301 Silver Lake Drive	<del></del>
	Leesburg, FL 34788	<del>-</del>
Managing Member	Reda Jane Stewart-Alonso	
	9301 Silver Lake Drive	
	Leesburg, FL 34788	<del>-</del>
(Use attachment if necessary)	GESTATE E. FLORIDA	FILED 2
FICLE V: Effective date, if other than the need of the date must need on 90 days after the date of filing.)	e date of filing: (OPTI st be specific and cannot be more than five but	ONAL) Isiness d
REQUIRED SIGNATURE:	Louse.	

(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.)

Armando Alonso
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)