L13000/59210

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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Effective Date 11/7/13

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FILED

SECRETARY OF STATE

T. HAMPTON

(850) 245-6051.

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Alliance Retail Services 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:

Paul Nowlan		
	Name of Person	
Alliance Retail Ser	vices LLC	
	Firm/Company	
111 Kelsey Lane	Suite A	
	Address	<u> </u>
Tampa FL 33619		
	City/State and Zip Code	
paulnowlan@alliancebp.i	net	
E-mail address: (to be t	ised for future annual report	notification)

For further information concerning this matter, please call:

Paul Nowlan

₃₁813 \ 620-035

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

Effective Date 11/7/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Allianas Datail Sani	inna I I C	
Alliance Retail Servi		ited Liability Company, "L.L.C.," or "LLC.")
	`	
ARTICLE II The mailing add		of the principal office of the Limited Liability Company is:
		, ,
Principal Office	e Address:	Mailing Address:
111 Keisey Lane		
Suite A		
Tampa FL 33619		
i ne name and tr	Paul Nowlan	of the registered agent are:
		Name
	111 Kelsey Lane Suite	e A
	Florida:	street address (P.O. Box NOT acceptable)
	Tampa FL 33619	FL
		City, State, and Zip
liability com registered age all statutes re	pany at the place designe nt and agree to act in thi lating to the proper and c	t and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with on as registered agent as provided for in Chapter 608, F.S
	Pagistarud Agust	the Signature (REOLIBED)

(CONTINUED)

Page 1 of 2

2013 NOV 12 AM II: 59

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

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

MGR	Paul Nowlan	
	111 Kelsey Lane	
	Tampa FL 33619	
<u> </u>		
		
-		
71		
(Use attachment if necessar		
LE V: Effective date if of	than the date of filing: 11/7/2013 . (OPTION/
ffective date is listed, the	te must be specific and cannot be more than fi	ve busine
or 90 days after the date		
REQUIRED SIGNATU		

(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.)

Paul Nowlan

Typed or printed name of signce

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)