

Jan. 7, 2014 4:07 PM

KOEPEL LAW GRO

No. 071

L14000003392

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : KOEPEL LAW GROUP, P.A.  
Account Number : I20070000064  
Phone : (561) 659-6455  
Fax Number : (561) 659-7006

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

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RECEIVED  
14 JAN -7 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
ALCRON, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

I. Burch JAN 08 2014

Jan. 7. 2014 4:23PM KOEPEL LAW GROUP

No. 0722 P. 3

((H14000003071 3)))

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALCRON, 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:

Joel P. Koeppel, Esq.

Name of Person

Koeppel Law Group, P.A.

Firm/Company

400 South Australian Avenue, Suite 300

Address

West Palm Beach, Florida 33401

City/State and Zip Code

Joel@KoeppelLawGroup.com

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

For further information concerning this matter, please call:

Joel P. Koeppel, Esq. at 561 659-6455

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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January 7, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

KOEPEL LAW GROUP, P.A.

SUBJECT: ALCORN, LLC  
REF: W14000000824

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

FAX Aud. #: H14000003071  
Letter Number: 114A00000299

RECEIVED

14 JAN -7 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALCRON, 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:

Mailing Address:

400 S. Australian Ave, Suite 300  
West Palm Beach, FL 33401

400 S. Australian Ave, Suite 300  
West Palm Beach, FL 33401

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:

Joel P. Koepfel, Esq.

Name

400 S. Australian Ave., Suite 300

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

West Palm Beach FL 33401

City

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 605, F.S.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

**Name and Address:**

ALVARO G. ALESSO

400 S. AUSTRALIAN AVE., SUITE 300

WEST PALM BEACH, FL 33401

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

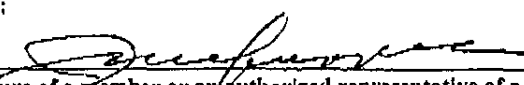
ARTICLE V: Effective date, if other than the date of filing: JANUARY 6, 2014 (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

JOEL P. KOEPEL

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)

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