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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: AlMar Inventive, 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:
Stephen J. Kolski
Name of Person
Catlin Saxon Fink & Kolski, LLP
Firm/Company
2600 Douglas Road, Suite 1003
Address
Coral Gables, FL 33134
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephen J. Kolski  Name of Person  Area Code  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:    \$125.00 Filing Fee
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

The name of the	Limited Liability Company is:								
AlMar Inventive, LL	- <del> </del>								
	(Must end with the words "I	Limited Liability Cor	npany, "L	L.C.," or "l	LLC.")				
ARTICLE II -	Address:								
The mailing add	dress and street address of the prin	cipal office of the L	imited Lia	ability Comp	any is:				
Principal Offic	Address:	ress: Mailing Address:							
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(The Limited L another busines	Registered Agent, Registered Cability Company cannot serve as its entity with an active Florida reg	ts own Registered A istration.)			nate an individu	al or			
	Stephen J. Kolski								
		Name				<u> </u>			
	2000 Paris Paris On Annual					表記			
	2600 Douglas Road, Suite 1003 Florida street address (P.	O Roy NOT accept	able)	<del></del> -					
	Florida street address (P.O. Box NOT acceptable)								
	Coral Gables	FL 33	FL 33134						
	City		Zip						
the place de capacity. I fu	_	v accept the appoints visions of all statutes the obligations of m Chapter 605, F.S Signature (REQUI	nent as re relating to y position	gistered ager o the proper	nt and agree to a and complete pe	act in this erformance			
	(CONTINUED)								
i	Page 1 of 2								

		thorized Member			
	"MGR" = Ma	nager			
	AMBR	. <b>!</b> :	Alfredo Fernandez	<del>_</del>	
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		date, if other than the date of filing:		0.5 1	۵.
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the date o	or ming.)				
ARTICI.	E VI: Other no	pvisions, if any.			•
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	đ	accordance with section 60\$ 0203.4	mauthorized representative of a member.  (1) (b), Florida Statutes, the execution of this docume	nf	
	(4	onstitutes an affirmation under the po	enalties of perjury that the facts stated herein are true.		
	Ī	am aware that any false information	submitted in a document to the Department of State		
	c	onstitutes a third degree felony as pro	ovided for in s.817.155, F.S.)		
		Alfredo Fernandez, as member.			
		u	r printed name of signee		
		- 3, - 2			
		<u>Fi</u>	ling Fees:		
	\$125.00 Fili	ng Fee for Articles of Organization	and Designation of Registered Agent		
		tified Copy (Optional)			- 2
	\$ 5.00 Cer	tificate of Status (Optional)			2014
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