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COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	Alisa G. & Co, LLC
	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Sherrie Mcgregor
	Name of Person
	Firm/Company
	1393 NW 129th Terrace Address
	Sunrise, Florida 33321
	City/State and Zip Code
	smcgregor@alisagandco.com E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
Sher	rie McGregor 888 617-2202
· · ·	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$ 125.00 Fi	siling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Alisa G. & Co, LLC (Must end	with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street an	ddress of the principa	al office of the Limited Liability Company is:	,
Principal Office Address:	<u>M</u>	ailing Address:	
7859 Exeter Blvd, East		1392 NW 129 Terrace	
Tamarac, FL 33321		Sunrise, FL 33323	
<u> </u>		<u> </u>	
another business entity with an a		ce, & Registered Agent's Signature: own Registered Agent. You must designate an interest ation.)	ndividual or
	active Florida registra address of the registe sky	own Registered Agent. You must designate an in ation.) ered agent are:	SECTION TALLS
another business entity with an a	active Florida registra address of the registe sky	own Registered Agent. You must designate an in ation.)	2014 7.A.L.
another business entity with an a The name and the Florida street: Alisa Grode	active Florida registra address of the registe sky	own Registered Agent. You must designate an in ation.) ered agent are:	2014 FEB -3 SECNOTARY TALLAHASSI
another business entity with an a The name and the Florida street Alisa Grode 7859 Exete	active Florida registra address of the registe sky Na er Blvd East	own Registered Agent. You must designate an in ation.) ered agent are:	2014 FEB -3 SECRETARY OF TALL ARASSES
another business entity with an a The name and the Florida street Alisa Grode 7859 Exete	active Florida registra address of the registe sky Na or Blwd East street address (P.O.	own Registered Agent. You must designate an installation.) ered agent are: ame Box NOT acceptable)	2014 FEB -3 SECRETARY OF TALL ARASSES
another business entity with an at the name and the Florida street Alisa Grode 7859 Exete Florida	active Florida registra address of the registe sky Na or Blwd East street address (P.O.	own Registered Agent. You must designate an in ation.) ered agent are:	2014 FEB -3 SECNOTARY TALLAHASSI

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Sherrie McGregor	
	1392 NW 129 Terrace	
	Sunrise, FL 33323	
AMBR	Alisa Grodsky	
	7859 Exeter Blvd East	
	Tamarac, FL 33321	
E V: Effective date, if other than the ective date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d	days afte
E V: Effective date, if other than the ective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d	days afte
(Use attachment if necessary) E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d	days afte
E V: Effective date, if other than the ective date is listed, the date must be filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE	e specific and cannot be more than five business days prior to or 90 d	days afte
E V: Effective date, if other than the ective date is listed, the date must be filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE Signature of a (In accordance with sect constitutes an affirmation I am aware that any false)	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of State	
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E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE Signature of a (In accordance with sect constitutes an affirmation of a constitutes at third degree should be supported by the section of the sect	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. ie information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	SSC