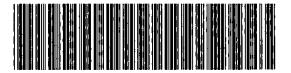
L140006697417

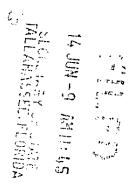
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
·		
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		**
Special Instructions to	Filing Officer:	

Office Use Only



800260888418

06/09/14--01050--015 **130.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LLC FORMATION; ALLIANCE1 MARKETING GROUP, 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:
BARRY J. PARKS
Name of Person
ALLIANCE1 MARKETING GROUP, LLC
Firm/Company
505 Juniper Spring Court
Address
St. Augustine, FL 32092
City/State and Zip Code
alliance1bp@yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Barry Parks at (904) 466-9538 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certificate Opy (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

ARTICLE I - Name: The name of the Limited Liability Company is:		
ALLIANCE1 MARKETING GROUP, LLC		<u> </u>
(Must end with the words "Limit	red Liability Company, "L.L.C.," or "LL	C.")
ARTICLE II - Address: The mailing address and street address of the principa	l office of the Limited Liability Compan	y is:
Principal Office Address:	Mailing Address:	
505 Juniper Spring Court	505 Juniper Spring Court	
St. Augustine, FL 32092	St. Augustine, FL 32092	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Florida registration.)	e, & Registered Agent's Signature: wn Registered Agent. You must designat	e an individual or
The name and the Florida street address of the register	red agent are:	
Barry J Parks		
Nai	me	
505 Juniper Spring Court		
Florida street address (P.O. F	Box NOT acceptable)	
St. Augustine	FL 32092	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Ch	cept the appointment as registered agent on the common contract of the common contract and the common contract and contract are contract and contract and contract are contract are contract and contract are contract.	and agree to act in this ad complete performance
Registered Agents Sig	gradure (REQUIRED)	TALLAHASA
(CONTIN	NUED)	
Page 1	of2	SECTIONIDA

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	Party I. Borko	
MGR	Barry J. Parks	
	505 Juniper Spring Court	-
	St. Augustine, FL 32092	<u> </u>
MGR	Jill K. Parks	
	505 Juniper Spring Court	<u> </u>
	St. Augustine, FL 32092	<u> </u>
	ot. / tagaostro, f E 0200E	
		
		•
(Use attachment if necessary)		
date of filing.)	of filing: (OPTI ecific and cannot be more than five business days	prior to or 90 day
date of filing.)	ecific and cannot be more than five business days	prior to or 90 day
e date of filing.)	ecific and cannot be more than five business days	prior to or 90 day
e date of filing.)	ecific and cannot be more than five business days	prior to or 90 day
RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days	prior to or 90 day
RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	Lu	
RTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me (In accordance with section 605,020	mber or an authorized representative of a memb	oer.
REQUIRED SIGNATURE: Signature of a me (In accordance with section 605.020 constitutes an affirmation under the penalties of	inber or an authorized representative of a memb 3 (1) (b), Florida Statutes, the execution of this doc of periory that the facts stated herein are true.	oer.
REQUIRED SIGNATURE: Signature of a me (In accordance with section 605.020 constitutes an affirmation under the penalties of a me aware that any false information submittee.	inber or an authorized representative of a memb (3 (1) (b), Florida Statutes, the execution of this doctor perjury that the facts stated herein are true, and in a document to the Department of State	oer.
REQUIRED SIGNATURE: Signature of a me (In accordance with section 605,020 constitutes an affirmation under the penalties of	inber or an authorized representative of a memb (3 (1) (b), Florida Statutes, the execution of this doctor perjury that the facts stated herein are true, and in a document to the Department of State	er. ument
REOUIRED SIGNATURE: Signature of a me (In accordance with section 605.020 constitutes an affirmation under the penalties of a maware that any false information submitte constitutes a third degree felony as provided for	inber or an authorized representative of a memb (3 (1) (b), Florida Statutes, the execution of this doctor perjury that the facts stated herein are true, and in a document to the Department of State	er. ument
REQUIRED SIGNATURE: Signature of a me (In accordance with section 605.020 constitutes an affirmation under the penalties of a maware that any false information submittee.)	mber or an authorized representative of a memb 33 (1) (b), Florida Statutes, the execution of this doc of perjury that the facts stated herein are true. and in a document to the Department of State or in s.817.155, F.S.)	er. ument
REOUIRED SIGNATURE: Signature of a me (In accordance with section 605.020 constitutes an affirmation under the penalties of a maware that any false information submitte constitutes a third degree felony as provided for	inber or an authorized representative of a memb (3 (1) (b), Florida Statutes, the execution of this doctor perjury that the facts stated herein are true, and in a document to the Department of State	er. ument
REOUIRED SIGNATURE: Signature of a me (In accordance with section 605,020 constitutes an affirmation under the penalties of a maware that any false information submittee constitutes a third degree felony as provided for Barry J. Parks	mber or an authorized representative of a memb 33 (1) (b), Florida Statutes, the execution of this doc of perjury that the facts stated herein are true. and in a document to the Department of State or in s.817.155, F.S.)	er. ument
REQUIRED SIGNATURE: Signature of a me (In accordance with section 605.020 constitutes an affirmation under the penalties of a maware that any false information submitte constitutes a third degree felony as provided for Barry J. Parks ing Fees:	inber or an authorized representative of a memb (3) (1) (b), Florida Statutes, the execution of this does of perjury that the facts stated herein are true, and in a document to the Department of State or in s.817.155, F.S.) Typed or printed name of signee	er. TALLAHAS
REOUIRED SIGNATURE: Signature of a me (In accordance with section 605.020 constitutes an affirmation under the penalties of I am aware that any false information submitte constitutes a third degree felony as provided for Barry J. Parks ling Fees: 25.00 Filing Fee for Articles of Organization of Registered Agent	inber or an authorized representative of a memb (3) (1) (b), Florida Statutes, the execution of this does of perjury that the facts stated herein are true, and in a document to the Department of State or in s.817.155, F.S.) Typed or printed name of signee	er. ument
REOUIRED SIGNATURE: Signature of a me (In accordance with section 605,020 constitutes an affirmation under the penalties of I am aware that any false information submitte constitutes a third degree felony as provided for Barry J. Parks ling Fees: 25.00 Filing Fee for Articles of Organization of Registered Agent 30.00 Certified Copy (Optional)	inber or an authorized representative of a memb (3) (1) (b), Florida Statutes, the execution of this does of perjury that the facts stated herein are true, and in a document to the Department of State or in s.817.155, F.S.) Typed or printed name of signee	er. ument TALLAHASSET
REOUIRED SIGNATURE: Signature of a me (In accordance with section 605,020 constitutes an affirmation under the penalties of I am aware that any false information submitte constitutes a third degree felony as provided for Barry J. Parks ing Fees: 25.00 Filing Fee for Articles of Organization of Registered Agent 30.00 Certified Copy (Optional)	inber or an authorized representative of a memb (3) (1) (b), Florida Statutes, the execution of this does of perjury that the facts stated herein are true, and in a document to the Department of State or in s.817.155, F.S.) Typed or printed name of signee	er. ument ALLAHAS
REOUIRED SIGNATURE: Signature of a me (In accordance with section 605,020 constitutes an affirmation under the penalties of I am aware that any false information submitte constitutes a third degree felony as provided for Barry J. Parks Barry J. Parks S.00 Filing Fee for Articles of Organization of Registered Agent 9.00 Certified Copy (Optional)	inber or an authorized representative of a memb (3) (1) (b), Florida Statutes, the execution of this does of perjury that the facts stated herein are true, and in a document to the Department of State or in s.817.155, F.S.) Typed or printed name of signee	er. ument IALLAHASSAT FLO
REOUIRED SIGNATURE: Signature of a me (In accordance with section 605,020 constitutes an affirmation under the penalties of I am aware that any false information submitte constitutes a third degree felony as provided for Barry J. Parks ling Fees: 25.00 Filing Fee for Articles of Organization	inber or an authorized representative of a memb (3) (1) (b), Florida Statutes, the execution of this does of perjury that the facts stated herein are true, and in a document to the Department of State or in s.817.155, F.S.) Typed or printed name of signee	er. ument TALLAHASSET