L14000164654

(Fi	Requestor's Name)
(A	address)
(A	address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
* a .	Office Use Only



700265533087

10/20/14--01014--013 **125.00

T4 OCT 20 PM 2: 28
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ALIGNMENT Name of Limits		
Name of Limite	ed Liability Company	
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	•
NEIL CORTED		
	Name of Person	
ALIGNMENT LL	_C	
	Firm/Company	
1173 SPANISH OF	tks DR W	
	Address	
PALM HARBOR, FL	34683	
PALM HARBOR, FL City Casacorteo@ Verizon.no E-mail address: (to be used f	/State and Zip Code	
E-mail address: (to be used f	or future annual report notificat	tion)
For further information concerning this matter, please		
NEIL CORTED at (727 480 -184 Area Code Daytime Tel	+7 ephone Number
Enclosed is a check for the following amount:		
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	Street/Courier Addr	ress

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
ALIGNMENT LLC				
(Must end with the words "Limite	d Liability C	Company	, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the	Limited	Líability C	ompany is:
Principal Office Address:	Mailin	<u>Addre</u>	<u>ss:</u>	
1173 SPANISH OAKS DR. W	1/7	3 5 P	ANISH	UAKS DR W
1173 SPANISH OAKS DR. W PALM HARBOR FL 34683	PALM	HAR	SOR F	OAKS DR W -c. 34683
ARTICLE III - Registered Agent, Registered Office. (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registere	n Registered ion.)	'ed Ager Agent. '	it's Signati You must d	ure: esignate an individual or
	•			
NEIL CORTED Nam				
1173 SPANISH OAKS		1.)		
Florida street address (P.O. Bo	ox NOT acce	eptable)		
			83	
PALM HARBOR City	112	Zip	83	
Having been named as registered agent and to accept s the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the o	ept the appoir is of all statut	ntment as es relatir "my posit	registered g to the pro	agent and agree to act in this oper and complete performance
Registered Agent's Sign	nature (REQI	JIRED)	·	14 OC SECRE
(CONTINU	,			OCT 20 P
Page I of	12			PR 2:2

<u>`itle:</u>	Name and Address:
AMBR" ≈ Authorized Member	
MGR" = Manager	NCU CAPTED
MGR	NEIL CORTED
	173 SPANISH DAKS DR W
	PALM HARBOR, FL 34683
Has attacker and if naccessory)	
ctive date is listed, the date must be speci	filing: <u>NOV. 3</u> . (OPTIONAL) ific and cannot be more than five business days prior to or 90 d
V: Effective date, if other than the date of	
CV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	
C.V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) C.VI: Other provisions, if any. REQUIRED SIGNATURE:	ific and cannot be more than five business days prior to or 90 c
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C.V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memical content of the content	ber or an authorized representative of a member.
C.V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memical constitutes an affirmation under the constitutes are signature.	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
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