## (140001867)

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PIÇK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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TALLAHASSEE, FLORIDA

J. Shivers DEC 11 2014

## COVER LETTER 4

Registration Section

TO:

Division of Corporations	
SUBJECT: Alliance Investment Partners, LLC	
Name of Limited Liab	ility Company
The enclosed Articles of Organization and fee(s) are submittee	ed for filing.
Please return all correspondence concerning this matter to the	e following:
Carl Stratton	
Name of	of Person
Alliance Invesment Partners, LLC Firm/C	Company
1022 Land O Lakes Blvd	
Ado	dress
Lutz, FL 33549	und Zip Code
cretratton@vmail.com	
E-mail address: (to be used for futur	e annual report notification)
For further information concerning this matter, please call:	
Carl Stratton at (813 Name of Person Area Co	) 310-7402 de Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certi	in 5.00 Filing Fee & Side Copy Status & 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Alliance investment Partners, LLC		
(Must end with the words "Li	mited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	ipal office of the Limited Liability Com	npany is:
Principal Office Address:	Mailing Address:	
1022 Land O Lakes Blvd Lutz, FL 33549	1022 Land O Lakes Blvd Lutz FL 33549	
ARTICLE III - Registered Agent, Registered Of The Limited Liability Company cannot serve as its nother business entity with an active Florida regis The name and the Florida street address of the regis	s own Registered Agent. You must design stration.)	e: gnate an individual or
Carl Stratton		
1	Name	
1022 Land O Lakes Blvd Florida street address (P.C		
Lutz	FL 33549	
City	Zip	
Having been named as registered agent and to account the place designated in this certificate, I hereby capacity. I further agree to comply with the provice of my duties, and I am familiar with and accept the second sec	accept the appointment as registered ago sions of all statutes relating to the prope	ent and agree to act in this er and complete performance
		TAS 1
Registered Agent's	Signature (REQUIRED)	4 DEC
(CON	FINUED)	SSE!
Pag	e 1 of 2	AM 9: 13  OF STATE E. FLORIDA

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Pres	Carl Stratton
	1022 Land O Lakes Blvd
	Lutz, FL 33549
EV: Effective date, if other than the date	of filing: (OPTIONAL)
ctive date is listed, the date must be spe f filing.)	
E V: Effective date, if other than the date ective date is listed, the date must be spe f filing.)  E VI: Other provisions, if any.	of filing: (OPTIONAL)
E V: Effective date, if other than the date ective date is listed, the date must be spe f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the date ctive date is listed, the date must be spe f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 60% constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this delignment or the penalties of perjury that the facts stated herein are true, and provided for in s.817.155, F.S.)
EV: Effective date, if other than the date ctive date is listed, the date must be spe f filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 60% constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this delignment or the penalties of perjury that the facts stated herein are true, and provided for in s.817.155, F.S.)
EV: Effective date, if other than the date ctive date is listed, the date must be spe f filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 60% constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document to the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of States as provided for in s.817.155, F.S.)