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SECRETARY OF STATE TALLAHASSEE FLORIDA

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COVER LETTER

Division of Corporations		
SUBJECT: ALAZ, LLC		
Name of Li	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Russell M. Thompson, Esq.		
	Name of Person	
Law Offices of Russell M. Thomps		
	Firm/Company	
7771 West Oakland Park Blvd., St	e 216	
	Address	
Sunrise, Florida 33351		
	City/State and Zip Code	
richard.c.fisher@comcast.net E-mail address: (to be use	ed for future annual report notifica	tion)
For further information concerning this matter, ple	ase call:	
Russell M. Thompson. Esq. at (at (954) 316-8988 Area Code Daytime Tel	ephone Number
	·	•
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □\$130.00 Filing Fee & 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	Registration Section	
Division of Corporations	Division of Corporat	ions
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
ALZA, LLC (Must end with the words "Limited	Liability Company, "L.L.C"	 or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal o	ffice of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
520 NW 78 Terrace Plantation, Florida 33324	520 NW 78 Terrace Plantation, Florida 33324	<u> </u>
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio.) The name and the Florida street address of the registered.	Registered Agent. You must do n.)	
Richard C. Fisher		
Name	:	
520 NW 78 Terrace Florida street address (P.O. Box	(NOT acceptable)	
Plantation	FL 33324	
City	Zip	
Having been named as registered agent and to accept set the place designated in this certificate. I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob. Chap.	of the appointment as registered of all statutes relating to the pro	agent and agree to act in this oper and complete performance
Registered Agent's Signa	ture (REQUIRED)	15 JA SECRE ALLAH
(CONTINU	ED)	MN 12 HASSEL
Page 1 of 2		MH 8: 52 YOF STATE FELFLORIDA

Title:	Name and Address:		
"AMBR" = Authorized	Member		
"MGR" = Manager			
AMBR	Richard C. Fisher		
	520 NW 78 Terrace		
	Plantation, Florida 33324		
AMBR	Rhonda Fisher		
, 117, 201 (520 NW 78 Terrace		
	Plantation, Florida 33324		
	rialitation, rioliga GGGZ ;		
			
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			•
(Use attachment if nece	•	(OPTIONAL)	
EV: Effective date, if o	ssary) ther than the date of filing: date must be specific and cannot be more than five be	(OPTIONAL) usiness days prior to or 9	90 d
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E V: Effective date, if a certive date is listed, the of filing.) E VI: Other provisions, REQUIRED SIGNAT	ther than the date of filing: date must be specific and cannot be more than five be if any.	usiness days prior to or s	90 d
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ARTICLE IV-