

JAN/27/2015/TUE 10:48 AM

FAX No.

P. 001/004

1/26/2015

Division of Corporations

L15000015887

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000020257 3)))



H150000202573ABCW

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15 JAN 27 AM 10:00

DIVISION OF CORPORATIONS
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**FLORIDA LIMITED LIABILITY CO.
ALLIANCE NETWORK INT, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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FAX No.

P. 002/004

850-617-6381

1/27/2015 8:50:19 AM PAGE 1/001 Fax Server



January 27, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: ALLIANCE NETWORK INT, LLC
REF: W15000005531

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H15000020257
Letter Number: 415A00001577

RECEIVED
15 JAN 27 AM 10:00
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALLIANCE NETWORK INT. 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 office of the Limited Liability Company is:

Principal Office Address:Mailing Address:21205 NE 37 AVE #2407
AVENTURA, FL 33180**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CAMILO GIRALDO

Name

21205 NW 37 AVE #2407Florida street address (P.O. Box **NOT** acceptable)AVENTURA

City

FL 33180

Zip

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CLERK OF STATE
ALLIANCE NETWORK INT. LLC
ALLIANCE NETWORK INT. LLC
ALLIANCE NETWORK INT. LLC

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

CAMILO GIRALDO

21205 NE 37 AVE #2407

AVENTURA, FL 33180

MGR

JUAN CAMILO GIRALDO

21205 NE 37 AVE #2407

AVENTURA, FL 33180

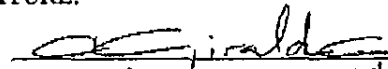
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CAMILO GIRALDO

Typed or printed name of signer

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TALLAHASSEE FLORIDA