

L15000113785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

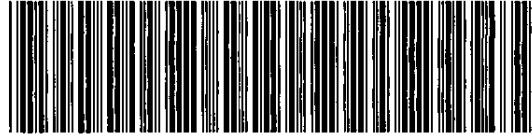
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W15-36583 NOT AVAILABLE

Office Use Only



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05/19/15--01021--016 **125.00

FILED
2015 JUL -7 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL -8 2015



RECEIVED

15 JUL -7 PM 3:41

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 22, 2015

AMIR ABRAMOV
3830 S HWY A1A #4
MELBOURNE BEACH, FL 32951

SUBJECT: ALA ADVISERS LLC
Ref. Number: W15000036583

We have received your document for ALA ADVISERS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is F08000005037 "ALA ADVISERS, INC".

Please return
your filing will

If you have a
(850) 245-605

Karen A Saly
Regulatory S

ALA Advisers Inc

3830 S. Highway A1A, Suite 4, Melbourne Beach FL 32951
TEL: 1-310-740-0605 / FAX: 1-800-689-6599

July 7, 2015

Florida Department of State
Divisions of Corporations
Fax: 850-245-6030

Attn: Karen

To Whom It May Concern:

I, Amir Abramov, Owner/Officer of ALA Advisers Inc Doc #F08000005037, hereby provides consent to ALA Advisers LLC file # W15000036583 to form its Limited Liability Company.

If you should have any questions please do not hesitate to give me a call.

Sincerely,



Amir Abramov
Officer/Owner

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RECEIVED DEPT OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALA Advisers 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:

Amir Abramov

Name of Person

Firm/Company

3830 S. Highway A1A #4

Address

Melbourne Beach FL 32951

City/State and Zip Code

wpginc22@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amir Abramov at (310) 740-0605

Name of Person

Area Code

Daytime Telephone 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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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:

ALA Advisers LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3830 S. Highway A1A #4
Melbourne Beach FL 32951

Mailing Address:

3830 S. Highway A1A #4
Melbourne Beach FL 32951

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:

Amir Abramov

Name

3830 S. Highway A1A #4

Florida street address (P.O. Box NOT acceptable)


Melbourne Beach FL 32951

City

State

Zip

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

Amir

Name and Address:

Amir Abramov
3830 S. Highway A1A #4
Melbourne Bch, FL 32957

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

af

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.)

Amir Abramov

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)