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12/18/2015

File No.

P. 001/005

# L15000209151

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**FLORIDA LIMITED LIABILITY CO.  
ALCOR INVESTMENT ALLIANCE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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P. 002/005

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

**ALCOR INVESTMENT ALLIANCE, LLC**

**EFFECTIVE DAY JANUARY 1<sup>ST</sup> 2016**

**EFFECTIVE DATE**

1-1-16

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

**ARTICLE II**

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

**Principal Office Address  
6000 INDIAN CREEK DR #1801  
MIAMI BEACH, FL 33140**

**Mailing Address  
6000 INDIAN CREEK DR #1801  
MIAMI BEACH, FL 33131**

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**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:*

**R&P ACCOUNTING & TAXES, INC**

*Name*

**200 SE 1<sup>ST</sup> STREET, SUITE #604**

*Florida Street address (P.O. Box NOT acceptable)*

**MIAMI, FL 33131**

*FL City, State, and 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*

X-----

***Registered Agent's Signature (REQUIRED)***

**ARTICLE IV**

*MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each  
Person authorized to manage and control the Limited Liability Company:*

*Title:*

**WILLIAM P. TORRES**  
**6000 INDIAN CREEK DR #1801**  
**MIAMI BEACH, FL 33140**

**(MANAGER)**

**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.*

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***REQUIRED: SIGNATURE***

X   
*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.)*

***WILLIAM P. TORRES***  
*Typed or printed name of signer*