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Office Use Only

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T. SCOTT



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SEGRETARY OF STAFE

COVER LETTER

| TO: | Registration Section Division of Corporations |
|-------------------|--|
| SUBJE | CT: ALC Lonstruction AND Home Munggement Survices LLL Name of Limited Liability Company |
| The end | closed Articles of Organization and fee(s) are submitted for filing. |
| Please r | return all correspondence concerning this matter to the following: |
| | Name of Person |
| | ALCS construction AND HOME Management Services LLC. Firm/Company |
| | 8825 104th AVR |
| | Address |
| | Veno Beach F). 32ACT City/State and Zip Code |
| | City/State and Zip Code SUY. achms/Las @ gmail. com |
| | E-mail address: (to be used for future annual report notification) |
| or furthe | r information concerning this matter, please call: |
| | Name of Person Area Code Daytime Telephone Number |
| Enclosed | is a check for the following amount: |
| \$125 . 00 | Filing Fee \$130,00 Filing Fee & \$155,00 Filing Fee & \$160,00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) |
| | Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | • | P** | |
|---|---|--|---|---|-----------------|
| The name of the Limited Liabili | ty Company is: | | | | |
| ACC (Must end | CONSTRUCTION with the words "Limited | AND ALIABILITY Compa | Home M, any, "L.L.C.," or "I | ANGGEMAN LC."? | Lervices U.C. |
| ARTICLE II - Address: The mailing address and street a | ddress of the principal o | office of the Limi | ted Liability Compa | any is: | • |
| Princip | al Office Address: | • | Mail | ing Address: | |
| 7875 104 Vero Bea | th sue 6, Fl. 3296 | | 8825 le | 04th AUC | 7 67 |
| ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a The name and the Florida street a | cannot serve as its own ctive Florida registratio | Registered Ager | | ate an individual or | |
| * | GUY. | LOSEY Name | | | |
| | | Tunic | | | |
| | 8825 10 | | | · | |
| | Florida street address | , | | _ | |
| | Voko Bago City | <u>ch F.</u> | 3296 | <u></u> | |
| | Cíty | State | Zip | • | |
| ving been named as registered a ce designated in this certificate, ther agree to comply with the pro- familiar with and accept the chi | I hereby accept the appo ovisions of all statutes re | ointment as regist lating to the prop | ered agent and agre er and complete pe | ee to act in this capac rformance of my duti | eity. I |

Ha pla furi

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

| | Authorized Member | Name and Address: |
|---|--|---|
| "MGR" = Ma | anager | huy lown 'Mar" |
| | · | 3825 In 4th Ave |
| | | VCRO BEALL FI. 32967 |
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ARTICLE IV-