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(Re	equestor's Name)	
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MAR 1.7, 2016 T. SCOTT



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SEGRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: ALRE <lc company<="" liability="" limited="" name="" of="" th=""></lc>
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alberto Estevez Name of Person
Name of Person
ALRE 120) Firm/Company
13885 5W 70 AU Address
Palmetto Bay F/ 33/58 City State and Zip Code albertoestewez e, bellsoother net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alberte Eslove at (305) 3/6-6597 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	-
ALRE 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:

Mailing Address:
13885 5W 70AU Colmette Bay, F1 33/58

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:

Alberto Estavez Florida street address (P.O. Box NOT acceptable) Palmetto Buy, 77 33158
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 agencies provided for his Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MOR.	Alberto Estevez
MOR. AMBR	13885 SW 70 AUS: PALMETTO BRY, P. 33158 REGINA ESTATE 13885 SW 70 AUS: PALMETTO BRA POLSONS
(Use attachment if necessary)	
fective date is listed, the date must be spe of filing.) f the date inserted in this block does not m	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 d eet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the date fective date is listed, the date must be spe of filing.)	cific and cannot be more than five business days prior to or 90 d eet the applicable statutory filing requirements, this date will not b
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LE V: Effective date, if other than the date fective date is listed, the date must be specifiling.) If the date inserted in this block does not manent's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a metal This document is executed I am aware that any false	eet the applicable statutory filing requirements, this date will not be of State's records. The property of a member of an authorized representative of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State