

L 160000132571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

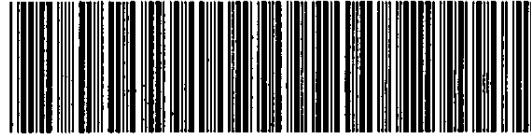
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FILED
16 JUL 18 AM 11:05
TALLAHASSEE, FLORIDA

JUN-6 2016

S. GILBERT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alfonso Brothers Productions, L.L.C.
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:

Rodolfo A. Alfonso III

Name of Person

Alfonso Brothers Productions, L.L.C.

Firm/Company

624 NE 21 Ave

Address

Homestead, Florida 33033

City/State and Zip Code

rudyr001@gmail.com

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

For further information concerning this matter, please call:

Rodolfo A. Alfonso III 786 473-6959
at ()
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

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
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

16 JUL 18 PM 4:30

STATE
TALLAHASSEE, FLORIDA

June 6, 2016

RODOLFO A. ALFONSO III
624 NE 21 AVENUE
HOMESTEAD, FL 33033

SUBJECT: ALFONSO BROTHERS PRODUCTIONS, L.L.C.
Ref. Number: W16000040997

We have received your document for ALFONSO BROTHERS PRODUCTIONS, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR."

Please return the corrected original and one copy of 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) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 316A00011856

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alfonso Brothers Productions, L.L.C.
Name of Limited Liability Company

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Please return all correspondence concerning this matter to the following:

Rodolfo A. Alfonso III

Name of Person

Alfonso Brothers Productions, L.L.C.

Firm/Company

624 NE 21 Ave

Address

Homestead, Florida 33033

City/State and Zip Code

rudyjr001@gmail.com

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

For further information concerning this matter, please call:

Rodolfo A. Alfonso III

786

473-6959

at ()

Name of Person

Area Code

Daytime Telephone Number

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Tallahassee, FL 32314

Street Address

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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:

Alfonso Brothers Productions, L.L.C.

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

16 JUL 18 AM 11:06

FILED
CLERK OF COURT
STATE OF FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

624 NE 21 Ave

Homestead, FL 33033

Mailing Address:

624 NE 21 Ave

Homestead, FL 33033

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:

Rodolfo A. Alfonso III

Name

624 NE 21 Ave

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

Homestead

Florida

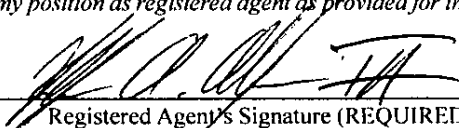
33033

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

MGRM

Name and Address:

Rodolfo A. Alfonso III

624 NE 21 Ave

Homestead, FL 33033

MGRM

Andres A. Alfonso

624 NE 21 Ave

Homestead, FL 33033

MGR

Elia B. Alfonso

624 NE 21 Ave

Homestead, FL 33033

MGR

Rodolfo A. Alfonso

624 NE 21 Ave

Homestead, FL 33033

(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:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Rodolfo A. Alfonso III

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)