

L16000180269

(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:

Office Use Only



400290289704

09/16/16--01040--008 **160.00

FILED
16 SEP 16 AM 8:39
TALMADGE, CLERK

T HENDERSON

SEP 27 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alpha Care
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:

Amr Ibrahim
Name of Person
Alpha Care
Firm/Company
600 Starkey Road apt201
Address
Largo FL 33771
City/State and Zip Code
alphacarefl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amr Ibrahim 954 536-0966
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alpha Care 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:

Principal Office Address:

600 Starkey Road apt201
Largo, FL 33771

Mailing Address:

600 Starkey Road apt201
Largo, FL 33771

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:

Amr Ibrahim

Name

600 Starkey Road apt201

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

Largo

FL

33771

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..

Amr Ibrahim

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 SEP 16 AM 8:39
RECEIVED
FEB 16 2016
FEB 16 2016

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

Name and Address:

Ahmed Ibrahim

600 Starkey Road apt201

Largo, FL 33771

AMBR/MGR

Amr Ibrahim

600 Starkey Road Apt 201

Largo FL 33771

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 14, 2016 (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.

N/A

REQUIRED SIGNATURE:

Amr Ibrahim

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.

Amr Ibrahim

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)

FILED
SEP 16 2016
TALLAHASSEE, FLORIDA

16 SEP 16 AM 8:39

FILED