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10/14/16--01007--007 **125.00



ALZA PROMOTIONS LLC 230 Commerce Drive N Unit C Largo FL 33770 (813) 333-8011

October 10, 2016

Secretary of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Alza Promotions, LLC.

To whom it may concern,

Enclosed please find the original Articles of Organization, together with a check in the amount of \$125.00, which represents the cost of Filing fees or Articles of Organization and fee for Registered Agent Designation for the above LLC.

Sincerely,

Virginia C. Garcia Adriano

SECRETARY STATES

COVER LETTER

	egistration Section vivision of Corporations	
SUBJECT	ALZA PROMOTIONS LLC	
SOBJECT	Name of	Limited Liability Company
The enclos	sed Articles of Organization and fee(s)) are submitted for filing.
Please retu	irn all correspondence concerning this	s matter to the following:
	SERGIO NAVA	
		Name of Person
	ALZA PROMOTIONS LLC	
	. , , , , , , , , , , , , , , , , , , ,	Firm/Company
	230 COMMERCE DRIVE N C	
		Address
	LARGO FLORIDA 33770	
	SNAVA2605@GMAIL.COM	City/State and Zip Code
		used for future annual report notification)
For further i	information concerning this matter, ple	ease call:
	SERGIO NAVA	813 333-8011
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:	
\$125.00 F	•	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahussee, 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

ART	ICL	E I	Na	mai
AIL				me:

The name of the Limited Liability Company is:

ALZA PROMOTIONS 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:

Mailing Address:

230 COMMERCE DRIVE N C	230 COMMERCE DRIVE N C
LARGO FL 33770	LARGO FL 33770

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:

City	State	Zip
CLEARWATER	FL	33756
Florida street address	s (P.O. Box <u>NOT</u> a	cceptable)
614 PHOENIX AVE	:	
	Name	
	· · · · · · · · · · · · · · · · ·	
VIRGINIA CORINA	. GARCIA ADRIA	NO

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)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR - Manager MGRM	MIGUEL ANGEL TELLEZ HERNANDEZ
Moren	614 PHOENIX AVE
	CLEARWATER FL 33756
MGRM	VIRGINIA CORINA GARCIA ADRIANO
INGKW	614 PHOENIX AVE
	CLEARWATER FL 33756
MGRM	SILVIA S NAVA
	2244 HANNAN WAY S
	DUNEDIN FL 34698
MGRM	SERGIO NAVA
	2244 HANNAN WAY S
	DUNEDIN FL 34698
(Use attachment if necessary) Se	ee attachment
CLEV: Effective date, if other than the	e date of filing: (OPTIONAL)
	be specific and cannot be more than five business days prior to or 90 days af
ite of filing.)	
	not meet the applicable statutory filing requirements, this date will not be liste
ocument's effective date on the Departi	

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.

VIRGINIA CORINA GARCIA ADRIANO

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)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

ALZA PROMOTIONS LLC

ARTICLE IV- CONTINUATION SHEET

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

"AMBR" = Authorized Member

"MGR" = Manager

TITLE: NAME AND ADRESS

MGRM NORMA PARTICIA REYNOSO

> 1756 RIDGEWOOD ST CLEARWATER, FL 33755

MARTIN PAULINO CANTERO **MGRM**

> 1756 RIDGEWOOD ST CLEARWATER, FL 33755

MGRM RAUL PIOQUINTO

905 JASMINE WAY

CLEARWATER, FL 33756

MGRM JUAN TREJO HERNANDEZ

1336 YOUNG AVE

CLEARWATER, FL 33756