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(Address)

(City/State/Zip/Phone #)

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FILED
2016 OCT 17 AM 3:16
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

V HERRING

OCT 24 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alpha Hose, LLC

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:

Peter Foss

Name of Person

Alpha Hose, LLC

Firm/Company

1225 Fairfax Ct

Address

Weston, FL 33326

City/State and Zip Code

pfoss@raceroockcapital.net

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

For further information concerning this matter, please call:

Peter Foss

974

301-4567

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

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alpha Hose, LLC

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

2016 OCT 17 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

1225 Fairfax Ct
Weston, FL 33326

Mailing Address:

1225 Fairfax Ct
Weston, FL 33326

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:

Peter Foss

Name

1225 Fairfax Ct

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

Weston

FL


33326

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company the _____
place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in _____ capacity. I _____
further agree to comply with the provisions of all statutes relating to the proper and complete performance _____ my duties and I _____
am familiar with and accept the obligations of my position as registered agent as provided for _____ 605 _____



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Peter Foss

1225 Fairfax Ct

Weston, FL 33326

Anthony Viggiano

5 Peck St

Groton, CT 06340

AMBR

(Use attachment if necessary)

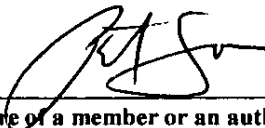
ARTICLE V: Effective date, if other than the date of filing: 11/1/16. (OPTIONAL)

(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.

PETER FOSS

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)