

617000034089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

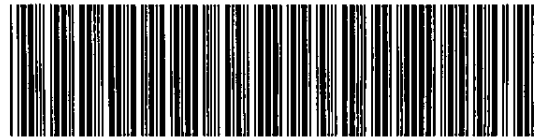
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 FEB 15 PM 5:19

M. MOON  
FEB 15 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2017

ANTHONY LA RUSSA  
310 W EMMA ST  
TAMPA, FL 33603

SUBJECT: ACL ENTERPRISES LLC.  
Ref. Number: W17000008952

17 FEB 15 PM 5:19

We have received your document for ACL ENTERPRISES LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L16000187209.

Please return 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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 517A00001963

\* correction - rename

17 FEB 15 PM 12:20

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ACL ENTERPRISES 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:

ANTHONY LA RUSSA

\_\_\_\_\_  
Name of Person

ACL ENTERPRISES LLC.

\_\_\_\_\_  
Firm/Company

310 W. EMMA STREET

\_\_\_\_\_  
Address

TAMPA FL, 33603

\_\_\_\_\_  
City/State and Zip Code

larussa.anthony@gmail.com

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

For further information concerning this matter, please call:

ANTHONY LA RUSSA

813

410-0672

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2/13/17

~~ACL ENTERPRISES LLC.~~ ALARUS Enterprises 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:

310 W. EMMA STREET  
TAMPA FL, 33603

310 W. EMMA STREET  
TAMPA FL, 33603

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:

ANTHONY LA RUSSA

Name

310 W. EMMA STREET

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

TAMPA

FL

33603

City

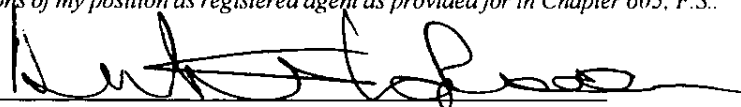
State

Zip

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SEP 16 2016

*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

AMBR

**Name and Address:**

ANTHONY LA RUSSA  
310 W. EMMA STREET  
TAMPA FL, 33603

MGR

ANTHONY LA RUSSA  
310 W. EMMA STREET  
TAMPA FL, 33603

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STATE OF FLORIDA  
DEPARTMENT OF STATE

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01-01-2017 (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.

ANTHONY LA RUSSA

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)