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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

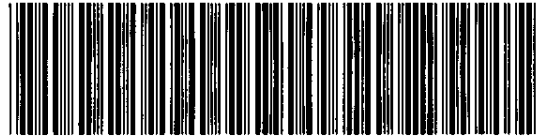
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C. GOLDEN

MAR 15 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Alciland LLC

Signature _____

Requested by: BA

3/15/17

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
☒ L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
☒ Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
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Fictitious Owner Search _____
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ARTICLES OF ORGANIZATION FOR

Alciland LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **Alciland, LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **4111 S. Ocean Dr., Unit #MPH03, Hollywood, FL 33019**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Carlos Lopez, 11084 Blackhawk Blvd.,
Davie, FL 33328**

ARTICLE IV: MANAGER MANAGED LLC

This LLC shall be Manager Managed and is not member managed.

ARTICLE V: MANAGER

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

Carlos Lopez, Manager, 11084 Blackhawk Blvd., Davie, FL 33328

The undersigned has executed these Articles of Organization for filing purposes only, **this 14th
day of March 2017.**

/s/ Carlos Lopez


Authorized Representative

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the limited liability company is **Alciland LLC**
2. The name and street address of the registered agent and office is:

Carlos Lopez
11084 Blackhawk Blvd
Davie, FL 33328

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.



Printed Name: Carlos Lopez
Signature of Registered Agent

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STATE OF FLORIDA
TALLAHASSEE