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Office Use Only



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2017 DEC 26 PH I2: 04

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: The Alfonbra Brothers 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:
Son Englah Name of Person
Firm/Company
19096 Miami Blvd. Address
Ft. Myers /FL /33967 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Son Englah (at (234) 272 - 3585 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, 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

(A tiret as well the superior of impired t inhility	rothers LLC (Company, "L.E.C.," or "LE.C.")
(Musi contain the words. Limited Liabilit	y company, L.L.C., or LEC.)
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
19096 Miami Blud.	19096 Miam. 8/V)
Fort Myers, FL	Fort Myers, FC
The Limited Liability Company cannot serve as its own Registr	stered Agent's Signature:
ARTICLE III - Registered Agent, Registered Office, & Regi The Limited Liability Company cannot serve as its own Register Inother business entity with an active Florida registration.)	stered Agent's Signature: ered Agent. You must designate an individual or
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registered agent a	stered Agent's Signature: ered Agent. You must designate an individual or
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registered agent and the Florida street address of the Registered agent and the Florida street address of the Registered agent and the Florida street address of the Registered agent and the Florida street address of the Registered agent and the Florida street address of the Registered agent and the Florida street address of the Registered agent and the Florida street address of the Registered agent and the Registered agent	stered Agent's Signature: ered Agent. You must designate an individual or are:
ARTICLE III - Registered Agent, Registered Office, & Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent and the Florida street address of the Registered agent and the Florida street address of the Registered agent and the Florida street address of the Registered agent and the Florida street address of the Registered agent and the Florida street address of the Registered agent and the Florida street address of the Registered agent and the Florida street address of the Registered agent and the Registered agent agen	stered Agent's Signature: ered Agent. You must designate an individual or are:
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registernother business entity with an active Florida registration.) The name and the Florida street address of the registered agent and the Florida street address of the registered agent and the Florida street address of the Florida street address (P.O.	stered Agent's Signature: ered Agent. You must designate an individual or are:

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

SECRLIARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
MGR = Manager MGR	Jon Engdahl 19096 Mam. Blud. Ft. Myers, FL 33967
AMBR	Yesena Engdehl 19096 Minn Blud. Ft Mycrs, FC 33967
e of filing.)	e date of filing: OI/IO/OOI8
LEV: Effective date, if other than the ffective date is listed, the date must e of filing.) If the date inserted in this block does nument's effective date on the Depart	not meet the applicable statutory filing requirements, this date will not be listed
LEV: Effective date, if other than the ffective date is listed, the date must e of filing.) If the date inserted in this block does nument's effective date on the Depart	not meet the applicable statutory filing requirements, this date will not be listed
CLEV: Effective date, if other than the effective date is listed, the date must e of filing.) If the date inserted in this block does cument's effective date on the Depart CLEVI: Other provisions, If any. REQUIRED SIGNATURE: Signature of This document is a larmaware that an	Englished The applicable statutory filing requirements, this date will not be listed ment of State's records. Englished The applicable statutory filing requirements, this date will not be listed ment of State's records. The applicable statutory filing requirements, this date will not be listed ment of Statutes and the statutes of a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, or false information submitted in a document to the Department of State.
CLEV: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Depart CLEVI: Other provisions, If any. REQUIRED SIGNATURE: Signature of This document is a larmaware that an constitutes a third in the effective date.	Englished a ment of State's records. Englished a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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