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04/17/19--01017--008 **125.00.

COVER LETTER

	New Filing Section Division of Corporations
SUBJECT	ALILAD ENTERPRISE LLC
SOUVEC.	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	urn all correspondence concerning this matter to the following:
	DALILA M. PEREZ
	Name of Person
	Firm/Company
	4872 N CITATION DR APT 202
	Address
	DELRAY BEACH, FL. 33445
	City/State and Zip Code JOSEPH@TAXEMPEROR.COM
·	E-mail address: (to be used for future annual report notification)
For further is	information concerning this matter, please call:
	DALILA M. PEREZ 917 592-9473 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	Siling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional cop
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALILAD ENTERPRISE LLC

DELRAY BEACH, FL. 33445

(Must contain 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:
4872 N CITATION DR APT 202	4872 N CITATION DR APT 202

DELRAY BEACH, FL. 33445

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:

DALILA M. PEREZ					
	Name				
4872 N CITATION D	R APT 202				
Florida street address (P.O. Box NOT acceptable)					
DELRAY BEACH	FL	33445			
City	State	Zip			

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)

19-APR-17-AM-11-20

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	DALILA M. PEREZ
WOK	4872 N CITATION DR APT 202
	DELRAY BEACH, FL. 33445
	
(Use attachment if necessary)	
(Use attachment if necessary)	(OPTIONAL)
LE V: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does not be determined.	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da ot meet the applicable statutory filing requirements, this date will not be ent of State's records.
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LE V: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Department. LE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 days prior to or 90 days ot meet the applicable statutory filing requirements, this date will not be ent of State's records.
LE V: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 days prior to or 90 days ot meet the applicable statutory filing requirements, this date will not be ent of State's records.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

9 APK 17 APT OF STATE

FILED