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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC

Account Number : I20180000033 Phone : (305)805-3516

Fax Number : (305)887-5844

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. ALH COMPANY LLC

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO: New Fil Division	ing Section of Corporations	
ALI SUBJECT:	H COMPANY LU	С
		Name of Limited Liability Company
The enclosed Art	icles of Organizati	on and fcc(s) are submitted for filing.
Please return all o	orrespondence con 	ncerning this matter to the following:
IVET	TE YOUNG	
-,, -, ,		Name of Person
ALH	COMPANY LLC	
N		Firm/Company
934 V U	JNIVERSITY DR	#t16
		Address
COR	AL SPRINGS, FL	33071
IVETT	EYOUNGPA@G	City/State and Zip Code MAIL.COM
	E-mail addr	ess: (to be used for future annual report notification)
For further informa	tion concerning th	is matter, please call:
ryet	TE YOUNG	at ()
	Name of Person	
Enclosed is a chec	k for the following	g amount:
\$125.00 Filing Fe		Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclosed) (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	rations Division of Corporations Clifton Building

(H1900)342499

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP	TANE
	A

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALH COMPANY LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

934 N UNIVERSITY DR #116 CORAL SPRINGS, FL 33071

934 N UNIVERSITY DR #116 CORAL SPRINGS, FL 33071

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:

IVETTE YOUNG

Name

934 N UNIVERSITY DR #116

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

CORAL SPRINGS

7

33071

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 vertificate, 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 603, F.S.

Ĭ

Registered Aucht's Signature (REQUIRED)

(CONTINUED)

SEGRETARY OF STATE

(H190003424993)

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	IVETTE YOUNG
	934 N UNIVERSITY DR #116
·	CORAL SPRINGS, FL 33071
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•	
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
CLE VI: Other provisions, if any	
CLE VI: Other provisions, if any.	
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