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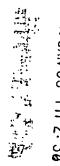
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TO: Registration Section

Division of Corporations

SUBJECT: ALAN ALCUAZ, LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jenny Scavino Sieg
Sieg & Cole, PA
2945 Defuniak Street
Trinity, FL 34655
E-mail address (to be used for future annual report notification): atalan728@gmail.com

For further information concerning this matter, please call:

Jenny Scavino Sieg at (727) 842-2237

Enclosed is a check payable to *Florida Department of State* for the following amount: \$125.00 Filing Fee

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
The Center of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF ALAN ALCUAZ, LLC

ARTICLE I – NAME

The name of the limited liability company is ALAN ALCUAZ, LLC ("company").

ARTICLE II – ADDRESS

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

Principal Office Address: 5423 Lockport Court
Palm Harbor, Florida 34685

Mailing Address: 5423 Lockport Court Palm Harbor, Florida 34685

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

ALAN ALCUAZ 5423 Lockport Court Palm Harbor, Florida 34685

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.

ALAN ALCUAZ

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager
"AMBR" = Authorized Member

AMBR

ALAN ALCUAZ 5423 Lockport Court Palm Harbor, FL 34685

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.

ALAN ALCUAZ

Typed or printed name of signee