L200002976 29

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP   ☐ WAIT   ☐ MAIL

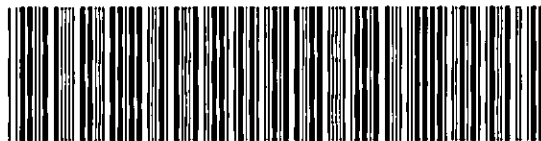(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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OCT 1 2020

COVER LETTER

SUBJECT: __Alpha Couture 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:

__Magnolia Bennett__

Name of Person

_____

Firm/Company

__355 mine Rd__

Address

__Midway FL, 32343__

City/State and Zip Code

__, bennett.magnolia@ gmail.com__

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

__Magnolia Bennett__ at (__850__) __264-8183__

Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $125.00 Filing Fee ☐ $130.00 Filing Fee & ☐ $155.00 Filing Fee & ☐ $160.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
(additional copy is enclosed) Certified Copy
(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

~~Samantha green~~ Alpha Couture LLC.

(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:

355 Mine Rd Midway FL 32343

Mailing Address:

355 Mine Rd Midway FL 32343

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:

Magnolia Bennett
Name

202 Lincoln St.
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301
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..

Magnolia Bennett
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: Name and Address:
"AMBR" = Authorized Member
"MGR" = Manager

AMBR   ~~Magnolia Bennett~~

                                                   ~~202 Lincoln St Tallahassee FL 32301~~

MGR   Magnolia Bennett

                                                   202 Lincoln St Tallahassee FL 32301

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE: *Magnolia Bennett*
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.

Magnolia Bennett
Typed or printed name of signee

Filing Fees:
$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)