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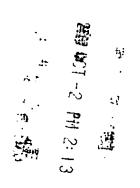
(Re	equestor's Name)	
(Ac	ldress)	
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(Ĉi	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ALSE GROUP LLO	2		
 			
			Art of Inc. File
			LTD Partnership File
		<u> </u>	Foreign Corp. File
			L.C. File
		_	Fictitious Name File
		_	Trade/Service Mark
		_	Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
		_	Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
		_	Certificate of Status
		_	Certificate of Fictitious Name
			Corp Record Search
		_	Officer Search
			Fictitious Search
Signature		- 	Fictitious Owner Search
			Vehicle Search
		_	Driving Record
Requested by: Seth	10/02/20	_	UCC 1 or 3 File
Name		Time	UCC 11 Search
Nattic	Date		UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

	ew Filing Section vision of Corporations			
SUBJECT	ALSE GROUP LLC			
SOBJECT		f Limited Liabilit	y Company	
The enclose	ed Articles of Organization and fee(s) are submitted f	or filing.	
Please retur	n all correspondence concerning thi	s matter to the fo	llowing:	
	Francisco Alejandro Alvarado Serr	ano		
		Name of P	erson	
	N/A			
		Firm/Con	pany	
	2454 Westmont Pl			
		Addres	SS	
	Royal Palm Beach, FL 33411			
f	falvarado_s_@hotmail.com	City/State and	Zip Code	
_	E-mail address: (to be t	ised for future an	nual report notificati	on)
For further in	formation concerning this matter, p	lease call:		
	Alejandro Alvarado	315	796-5586	
-	Name of Person Area Code Daytime Telephone Number		Number	
Enclosed is	a check for the following amount:			
]\$125.00 Fil	ling Fee S130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & I Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N D C	treet Address Yew Filing Section Pivision of Corporation Ulifton Building 661 Executive Cente	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mus			
	t contain the words "Limited Liabil	ty Company, "L.L.C.," o	or "LLC.")
TICLE II - Address: mailing address and st	reet address of the principal office o	f the Limited Liability C	Company is:
<u>Pr</u>	rincipal Office Address:		Mailing Address:
2454 Westmon		2454 Westmon	
Royal Palm Be	ach, FL 33411	Royal Palm Be	ach, FL 33411
Limited Liability Cor uer business entity with	ed Agent, Registered Office, & Renpany cannot serve as its own Registh an active Florida registration.)	gistered Agent's Signat tered Agent. You must d	ture:
ne Limited Liability Cor other business entity with	ed Agent, Registered Office, & Renpany cannot serve as its own Registh an active Florida registration.)	gistered Agent's Signat tered Agent. You must d are: ado Serrano	ture:
he Limited Liability Cor other business entity with	ed Agent, Registered Office, & Renpany cannot serve as its own Registh an active Florida registration.) street address of the registered agen Francisco Alejandro Alvar	gistered Agent's Signat tered Agent. You must d are: ado Serrano	ture:
he Limited Liability Cor other business entity with	rd Agent, Registered Office, & Renpany cannot serve as its own Regist than active Florida registration.) street address of the registered agen Francisco Alejandro Alvar	gistered Agent's Signat tered Agent. You must d are: ado Serrano	ture: designate an individual or
e Limited Liability Cor other business entity with	ed Agent, Registered Office, & Renpany cannot serve as its own Regist than active Florida registration.) street address of the registered agen Francisco Alejandro Alvar Nam 2454 Westmont PL	gistered Agent's Signat tered Agent. You must d are: ado Serrano ne	ture: designate an individual or

(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	Francisco Alejandro Alvarado Serrano
AMBR	Francisco Alejandro Alvarado Serrano 2454 Westmont PL
	Royal Palm Beach, FL 33411
N/A	N/A
	N/A
	N/A
N/A	N/A
TOTA	N/A
	N/A
<u>N/A</u>	N/A
	N/A
	N/A
(Use attachment if necessary)	
FICLE V: Effective date, if other than the date of filing:	.(OPTIONAL)
	l cannot be more than five business days prior to or 90 days aft
date of filing.)	• • • • • • • • • • • • • • • • • • • •
	applicable statutory filing requirements, this date will not be listed
document's effective date on the Department of State's	
actually by the transfer of the boundary of the second	
TICLE VI: Other provisions, if any.	
TICLE VI: Other provisions, if any. A A	

Francisco Alejandro Alvarado

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. 1 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.

Francisco Alejandro Alvarado Serrano, Authorized Member

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)