L20000 353615

(Reques	tor's Name)
(Address	5)
(Address	5)
(City/Sta	te/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	s Entity Name)
(Docume	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

Office Use Only



800355272198

11/17/20--01005--017 **125.00



MOV 1 7 2010



CAPITAL CONNECTION, INC.

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

Alfa-G LLC			-
		-	-
			4
			Art of Inc. File
	_		LTD Partnership File
			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
oighaidro			Vehicle Search
	·		Driving Record
Requested by: SET	`H		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
Nattic	Date	Time	UCC 11 Retrieval
Walk-In		p	Courier

AKTICLAS OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
LE II - Address: iling address and street address of the principal office of t	the I I mited Liability Company is:	
Principal Office Address:	Mailing Address:	
11411 Marbussk rd Owings Mills MD, 21117	11411 Marbrook of Owings Mills MD, 2111	
LE III - Registered Agent, Registered Office, & Regis	tered Agent's Signature:	
mited Liability Company cannot serve us its own Register	stered Agent's Signature: red Agent. You must designate an individual or	
mited Liability Company cannot serve as its own Registés business entity with an active Florido registration.)	red Ageni. You must designate an individual or	202
ELE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve us its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or	2020 NC
mited Liability Company cannot serve as its own Registés business entity with an active Florido registration.)	red Agent. You must designate an individual or	2020 NOV 1
mited Liability Company cannot serve as its own Registric business entity with an active Florida registration.) ne and the Florida street address of the registered agent as Carman Law Name	red Agent. You must designate an individual or re:	2020 NOV 17
mited Liability Company cannot serve as its own Register business entity with an active Florida registration.) ne and the Florida street address of the registered agent as	red Agent. You must designate an individual or re: Firm, P.A	2020 NOV 17 AM
mited Liability Company cannot serve as its own Register business entity with an active Floridu registration.) The and the Florida street address of the registered agent as Carman Law Name 5301 N. Fedde	red Agent. You must designate an individual or re: Firm, P. A. ever Huy, 160 box NOT acceptable)	17

flaving 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 Abiltion as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBK" - Authorized Member	Name and Address:
"MOR" = Manager	
AMBR	Yuriy Gorodiskiy
	11411 Martinick of, Owings Mills MD, 21117
(Use attachment if necessary)	
ctive date is listed, the date must be speci f filing.) the date inverted in this block does not me	filing: 11/17/2020 (OPTIONAL) ific and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will no State's records.
ective date is listed, the date must be speci of filling.) The date inverted in this block does not me nent's effective date on the Department of	ific and cannot be more than five business days prior to or 90 or the applicable statutory filing requirements, this date will no
ective date is listed, the date must be speci of Oling.)	ific and cannot be more than five business days prior to or 90 or the applicable statutory filing requirements, this date will no
belive date is listed, the date must be speci of filing.) The date inserted in this block does not me ment's effective date on the Department of EVI: Other provisions, If any.	ific and cannot be more than five business days prior to or 90 or the applicable statutory filing requirements, this date will no
betive date is listed, the date must be speci of filing.) The date inserted in this block does not me ment's effective date on the Department of E.VI: Other provisions, If any. REQUIRED SIGNATURE:	of the applicable statutory filing requirements, this date will no State's records.
netive date is listed, the date must be special filling.) The date inserted in this block does not mement's effective date on the Department of E VI: Other provisions, If any. REQUIRED SIGNATURE: Signature of a mem This document is executed	of the applicable statutory filing requirements, this date will no State's records. State's records. ber or an authorized representative of a member, in accordance with section 605,0203 (1) (b). Florida Statutors
ctive date is listed, the date must be special filing.) The date inserted in this block does not mement's effective date on the Department of EVI: Other provisions, If any. REQUIRED SIGNATURE: Signature of a mem This document is executed is an aware that any false in	of the applicable statutory filing requirements, this date will no State's records.
ctive date is listed, the date must be special filing.) The date inverted in this block does not mement's effective date on the Department of E VI: Other provisions, If any. REQUIRED SIGNATURE: Signature of a memory and a memory false in constitutes a third degree for the provisions of the second of the se	et the applicable statutory filing requirements, this date will no State's records. State's records. ber or an authorized representative of a member, it in accordance with section 605,0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State clony as provided for in s.817, 155, F.S.
ctive date is listed, the date must be special filing.) The date inverted in this block does not mement's effective date on the Department of E VI: Other provisions, If any. REQUIRED SIGNATURE: Signature of a memory and a memory false in constitutes a third degree for the provisions of the second of the se	et the applicable statutory filing requirements, this date will no State's records. State's records. ber of an authorized representative of a member, in accordance with section 605,0203 (1) (b), Florida Statutes.
ctive date is listed, the date must be special filing.) The date inserted in this block does not mement's effective date on the Department of the United States of the Department of the United States of the Department of the United States o	et the applicable statutory filing requirements, this date will no State's records. State's records. ber or an authorized representative of a member, it is necessary and accordance with section 605,0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State clony as provided for in s.817.155, F.S.
betive date is listed, the date must be special filing.) The date inserted in this block does not mement's effective date on the Department of the University of of the Universi	et the applicable statutory filing requirements, this date will no State's records. State's records. ber or an authorized representative of a member, it in accordance with section 605,0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State clony as provided for in s.817, 155, F.S.