

L21000013267
Florida Department of State
Division of Corporations
Covering Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

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

Email Address: CONTACT@INTERSTATEFILINGS.COM

**FLORIDA LIMITED LIABILITY CO.
ALPHABUILD LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2021 JAN 15 PM 4:23

JAN 19 2021
T. SCOTT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALPHABUILD LLC

(Must end with 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:

1201 SOUTH OCEAN DRIVE, APT. 2112S
HOLLYWOOD, FL 33019

Mailing Address:

1201 SOUTH OCEAN DRIVE, APT. 2112S
HOLLYWOOD, FL 33019

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:

ALEKSANDR ZOLOTAREV

Name

1201 SOUTH OCEAN DRIVE, APT. 2112S

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

HOLLYWOOD FL 33019

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2021 JAN 15 AM 9:25
FALL COUNTY CLERK

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:

ALEKSANDR ZOLOTAREV
1201 SOUTH OCEAN DRIVE, APT 2112S
HOLLYWOOD, FL 33019

MGR

MICHAEL ZOLOTAREV
1201 SOUTH OCEAN DRIVE, APT 2112S
HOLLYWOOD, FL 33019

(Use attachment if necessary)

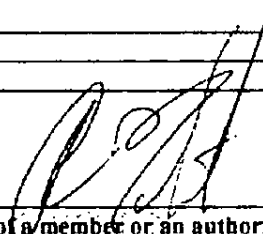
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

ALEKSANDR ZOLOTAREV

Typed or printed name of signee