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Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845) 425-0077 Fax Number : (845)818-3588

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Alavita Business Solutions LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	S125.00

Electronic Filing Menu Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDAL IMPEDITABLE DY COMPANY

To: 18506176381

Alavita Business Solutions LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Principal Office Address:	
	Mailing Address:
Principal Office Address: 870 N Miramar Avenue	Mailing Address: 870 N Miramar Avenue

Veorp Services, LLC 5011 South State Road 7, Suite 106 Florida street address (P.O. Box NOT acceptable) Davie City State

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. Thereby 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 Iam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

> Mr. Mit Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Mem	Name and Address: cr	
"MGR" = Manager	t'	
AMBR	Karen Brady 870 N Miramar Avenue	
	Indialantic, FL 32903	
	maranace, 1 o 32203	
		
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		-
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(Use attachment if necessary)		
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

To: 18506176381

\$ 5.00 Certificate of Status (Optional)