

L21000129505 2nd Request
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : R&P ACCOUNTING AND TAXES INC
Account Number : 120170000090
Phone : (305)358-1310
Fax Number : (305)503-6701

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

Email Address: arod8723@gmail.com

**FLORIDA LIMITED LIABILITY CO.
ALPB ALPER, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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CORPORATIONS
SPECIAL
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STATE
/ALLAHUSSEIN, FL

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company and Effective day is:

ALPB ALPER, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address
2993 DUFF RD.
LAKELAND, FL 33810

Mailing Address
2993 DUFF RD
LAKELAND, FL 33810

STATE
TALLAHASSEE, FL

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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.)

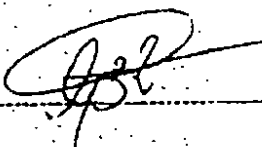
The name and the Florida street address of the registered agent are:

ECCO PLANET, CORP

Name

**175 S.W. 7th STREET UNIT #1515
MIAMI, FL 33130**

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.

X 

Registered Agent's Signature (REQUIRED)

STATE
TALLAHASSEE, FL

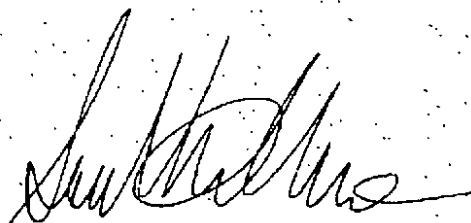
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ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company:

Title:



**SAMANTHA C. MUNRO
2993 DUFF RD
LAKELAND, FL 33810**

AUTHORIZED MEMBER 100%

**CHRISTIAN R. FERREIRA DE LIMA
7861 BERKSHIRE OAK AVE
WINDERMERE, FL 34786**

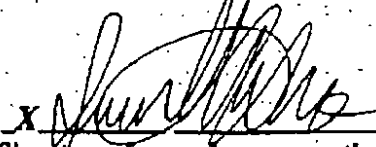
AUTHORIZED MEMBER

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TALLAHASSEE, FL

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.*

REQUIRED: SIGNATURE

X 
Signature of a member or an authorized representative of a member.

SAMANTHA C. MUNRO / CHRISTIAN R. FERREIRA DE LIMA

*(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this
document constitutes an affirmation under the penalties of perjury that the facts stated herein are
true.)*

ARTICLE VI

*The Florida Limited Liability Company will engage in any activity or business permitted
under the laws of the State of Florida and the United States of America.*

The main objective of the company is:

GAS STATION

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