

5/29/2021

L21000256947

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

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

From: Account Name : H & R TAX ADVISORS LLC  
Account Number : I20200000057  
Phone : (786)857-6652  
Fax Number : (786)204-3320

2021 JUN -2 AM 9:31  
ST. JAMES  
TALLAHASSEE, FLORIDA

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ST. JAMES  
TALLAHASSEE, FLORIDA

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

Email Address: jannett@hrtaxadvisors.com

**FLORIDA LIMITED LIABILITY CO.**  
**ALCUR LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2021 JUN -2 PM 3:29  
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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T. BURCH

JUN 3 2021



June 2, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

H & R TAX ADVISORS LLC

SUBJECT: ALCUR LLC  
REF: W21000079611

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refile the document and cover sheet to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Shareta Backey  
Regulatory Specialist II

FAX Aud. #: H21000215771  
Letter Number: 821A00011924

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ALCUR LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jannett A Rodriguez

\_\_\_\_\_  
Name of Person

H&R Tax Advisors LLC

\_\_\_\_\_  
Firm/Company

12741 SW 38 Ter

\_\_\_\_\_  
Address

Miami, FL 33175

\_\_\_\_\_  
City/State and Zip Code

jannett@hrtaxadvisors.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jannett A Rodriguez

786

857-6252

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional 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

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ALCUR LLC

(Must contain 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:****Mailing Address:**12741 SW 38 Ter  
Miami, FL 3317512741 SW 38 Ter  
Miami, FL 33175**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:

Jannett Rodriguez

Name

12741 SW 38 TerFlorida street address (P.O. Box **NOT** acceptable)MiamiFL33175

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)

 STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**MGR

Jorge Tomas Cura

12741 SW 38 Ter

Miami, FL 33175

MGR

Rodrigo Javier Aldaz

12741 SW 38 Ter

Miami, FL 33175

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AM 9:34

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 6/1/21 (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.

Rodrigo Javier Aldaz

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)

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