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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

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Email Ad	dress:	

FLORIDA LIMITED LIABILITY CO. ALPHA PLUMBING SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DYPICTY D *	COMMENTAL	
ARTICLE I - Name: The name of the Line		
The name of the Limited Liability Company is:	•	
ARTICLE 11 - Address:) 0	
ARTICLE II - Address:		
The mailing address and street address of the princicompany is:		
Company is:	ipal office of the Limited Liability	20
11222 Cu) to 0th 1		71
11333 SW 69th terrace Miami	FL 33173	2071 HOV 20
		-5
		PH 12:
APPROXIMATION		ហ្
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the regist Company cannot serve as its own Registered Agent. You must designate an in with an active Florida registration.) LUIS MICHOLE ACIOS		
11333 Sw 69th terrace	miami Fl 3317	13_
ARTICLE IV		
The name and title of each person and and		
The name and title of each person authorized to man. Liability Company: (MGR or AMBR)	age and control the Limited	
Luis Michael Arias (AMBR)	
		
		

Required Signatures:

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

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. 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.

Typed or printed name of signee

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 the Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)