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FLORIDA DEPARTMENT OF STATE
ALLAHASSEE, FLORING

March 24, 2022

CAPITAL CONNECTION

SUBJECT: ALM GROUP HOLDINGS III LLC

Ref. Number: W22000038645

We have received your document for ALM GROUP HOLDINGS III LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Letter Number: 422A00006972

Nevsa Culligan Regulatory Specialist III

www.sunbiz.org

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Fiorida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ALM GROUPO HO	DLDINGS III	LLC	
			
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			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
•			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
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Walk-In		Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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A JAL TARY OF STATE TALLAHASSEE, FL

ALM GROUP HOLDINGS HILLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street addres	is of the principal offic	e of the Limit	ted Liability Company is:
Principal Of	fice Address:		Mailing Address:
6440 SW 62ND TERR		6-	440 SW 62ND TERR
MIAMI, FL 33143	MIAMI, FL 33143		IIAMI, FL 33143
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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 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)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGRM	LISSET PEREZ	يــ
	6440 SW 62ND TERR MIAMI, FL 33143	<u>0</u> 22
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MGRM	MICHAEL MUNOZ	- ₩
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	e date of filing: 03/22/2022	
effective date is listed, the date must e of filing.)	he specific and cannot be more than five business days prior to or 90	days a
	s not meet the applicable statutory filing requirements, this date will no	t be liste
cument's effective date on the Depart		
CL CATE Other provide as if any		
CLE. VI: Other provisions, if any.		
CLE VI: Other provisions, if any.		

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.

LISSET PEREZ

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)