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(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : PAUL SALVER, P.A.

Account Number : I20020000087 Phone : (954)389-1333

Phone : (954)389-1333 Fax Number : (954)389-1397

ూడ్లు Enter the email address for this business entity to be used for futs #

annual report mailings. Enter only one email address please.**

Email Address:

FLORIDA LIMITED LIABILITY CO.

Alameda LLC

Y 24 PH 3: 20

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COVER LETTER

	New Filing Sec Division of Co					
SUBJEC	Alameda L	LC				
oo bol e.	••	Nan	e of Limi	ted Liabili	y Company	
The enclo	sed Articles of	Organization and	fee(s) are	submitted	for filing.	
Please ret	um all correspo	ondence concerning	g this matt	er to the fo	ollowing:	
	Daniella San	tana				
				Name of	Person	
	Salver & Co	ok LLP				
				Pirm/Cor	npany	
	2721 Execut	ive Park Drive, Su	ite 4			
				Addre	ŞS	
	Weston/Fl	33331				
			Cit	y/State and	Zip Code	
	d.santana@ps		1 1 6			
		•			nnual report notificati	on)
or further	information co	ncerning this matte	er, please (call:		
	Daniella San	tana	954 at (3891333	
	 Naп	ne of Person		a Code	Daytime Telephon	e Number
Enclosed	is a check for t	he following amou	nt:			
圖\$125.0	00 Filing Fee	□\$130.00 Filin Certificate of S		Certific	i.00 Piling Pee & ad Copy Il copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>M</u> ailir	ng Address		;	Street Address	OIVI TA

New Filing Section Division of Corporations P.Q. Box 6327 Taliahassee, PL 32314

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

Alameda LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
LE II - Address: iling address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
iling address and street address of the principal office	

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

Salver & Cook LLF	<u> </u>	
	Name	
2721 Executive Par Florida street addre	k Drive, Suite 4 ess (P.O. Box <u>NOT</u> a	cceptable)
Weston	FL	33331
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)

MAY 24 PM 6: 06

CABLE AND/OR VIDEO
FRANCHISING

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MBR" = Authorized Member GR" ≂ Manager MGR	Vanessa Piedrahita 2721 Executive Park Drive. Suite 4 Weston, Florida 33331		
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	2721 Executive Park Drive. Suite 4 Weston. Florida 33331		
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iling.) date inserted in this block does not me nt's effective date on the Department of	et the applicable statutory filing requirem State's records.	nents, this date	will not be liste
VI: Other provisions, if any.			
<u>EQUIRED</u> SIGNATURE:			
Signature of a mem	ber of an authorized representative of	a member.	
This document is executed	in accordance with section 605.0203 (1)) (b), Florida St	atutes.
This document is executed I am aware that any false in	f in accordance with section 605,0203 (1) in formation submitted in a document to the) (b), Florida St	of State -
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