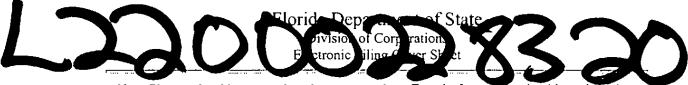
Division of Corporations



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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To:

Division of Corporations

: (850)617-6381 Fax Number

From:

Account Name : OLIVE JUDD, P.A. Account Number : 120200000171 Phone : (954)334-2250 : (888)503-5258 Fax Number

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

Email Address:_

FLORIDA LIMITED LIABILITY CO.

Alberta Funds LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

SOLUTION STATE OF THE STATE OF

Corporate Filing Menu

Help

Fax:

(((H220001853913)))

COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJE	Alberta Funds LLC		
301251		of Limited Liability Company	
The end	closed Articles of Organization and fe	e(s) are submitted for filing.	
Please i	return all correspondence concerning	his matter to the following:	
	Nicole M. Villarroel, Esq.		
	 	Name of Person	
	Olive Judd, P.A.		
		Firm/Company	
	2426 East Las Olas Boulevard		
		Address	
	Fort Lauderdale, FL 33301		
		City/State and Zip Code	
	nvillarroel@olivejudd.com		
	E-mail address: (to b	e used for future annual report	notification)
For furth	ner information concerning this matter	, please call:	
	Nicole Villarroel	954 334-2250 at ()	,
	Name of Person		Telephone Number
Enclos	ed is a check for the following amoun	t:	
8\$ 12	5.00 Filing Fee		Certificate of Status &
	Mailing Address New Filing Section Division of Corporations	-	ress Section Division of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

(((H220001853913)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Alberta Funds 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: Mailing Address: Principal Office Address: 1730 N Federal Highway 1730 N Federal Highway Boynton Beach, FL 33435 Boynton Beach, FL 33435 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:

Olive Judd, P.A.		
	Name	
2426 East Las Olas B	oulevard	
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
Fort Lauderdale	FL	33301
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)

Fax:

(((H22000185391 3)))

<u>Fitle:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Lisa Howe	
MOK	Lisa Howe 1730 N Federal Highway	
	Boynton Beach, FL 33435	
EV: Effective date, if other than the dective date is listed, the date must be	late of filing: (OPTION specific and cannot be more than five business days price	
ective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior of meet the applicable statutory filing requirements, this days	or to or 90
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