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To:

Division of Corporations

Fax Number

: (850)617-6381

Please keep original file date of 6/30/2022.

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (954)208-0845

Fax Number

: (614)573-3996

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

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FLORIDA LIMITED LIABILITY CO.

Alpha Enterprises LLC

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To: -

RTICLE I - Name:	1			
e name of the Limited Liab	oility Company is:			
		A SIGMA ENTERPE		_
(Must c	ontain the words "Limited	Liability Company, ".	L.L.C.," or "LLC.")	
RTICLE II - Address:				
ne mailing address and stre	et address of the principal o	office of the Limited I	liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
1000 4	se-l afortune	4028	nie Ambroise-Lafortune	
4928 rue Ambroi		7/40	the stilleringe Editorial	
492 <u>8 rue Ambroi</u> Boisbriand (Quét			riand (Québec) J7II 1S6	
Boisbriand (Québ Canada RTICLE III - Registered	ec) J7H 1S6 Agent, Registered Office,	Boisb Canac & Registered Agent	riand (Québec) J7H IS6 la 's Signature:	
Boisbriand (Quét Canada ARTICLE III - Registered	Agent, Registered Office, any cannot serve as its own an active Florida registration	& Registered Agent Registered Agent. You.) I agent are:	riand (Québec) J711 IS6 Ia	lual or
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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, 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..

C T Corporation System

3y:

Registered Agent's Signature (REQUIRED)

Ternell Rearney Assistant Secretary

(CONTINUED)

<u>Title:</u> "AMBR" =Authorized Member	Name and Address:
"MGR" = Manager	MELANIE ANN LAYER
MGR	2800 rue Rolland
	St. Adele, (Qc) J8B1C5 Canada
MGR	KEVIN BRUCE SCOTT
744,514	2S00 rue Rolland
	St. Adele, (Qc) JSB1C5 Canada
(Use attachment if necessary)	
(Use attachment if necessary)	
ICLEV: Effective date, if other than the effective date is listed, the date must ate of filing.)	e date of filing:
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TCLEV: Effective date, if other than the effective date is listed, the date must late of filing.) E: If the date inserted in this block does document's effective date on the Depart TCLEVI: Other provisions, if any. REQUIREDSIGNATURE: Signature of This document is eliam aware that any	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be liment of State's records. Coocustomed by: Security Forest State of a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)