

Division of Corporations Electronic Filing Cover Sheet

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(((H22000418900 3)))



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Division of Corporations

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Email Address: MDJOHNCHANG@YAHOO.COM

## FLORIDA LIMITED LIABILITY CO.

## AlphaOmegaWellness LLC

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

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AK	HULES OF ORGANIZATION FOR FL	UKIDA	LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limit	ed Liability Company is:		
	AlphaOmegaWelli	ness I	LLC
(	Must end with the words "Limited L	iability	Company, "L.L.C" or "LLC.")
ARTICLE II - Addre The mailing address ar	ess: and street address of the principal offi	ce of th	ne Limited Liability Company is:
Principal Office Add	ress: Mailing	Addre	ess:
11912 Sheldon F Tampa, FL 33620			12 Sheldon Road pa, FL 33626
(The Limited Liability	stered Agent, Registered Office, & Company cannot serve as its own R y with an active Florida registration.	egistere	ered Agent's Signature: ed Agent. You must designate an individual or
The name and the Flor	ida street address of the registered a	gent are	2:
	John Chang		
	Name		
	9505 Tarpon Springs Roa	d	
	Florida street address (P.O. Box M	<del></del>	ceptable)
	Odessa	FL.	33556
	City		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	3.5	22
JOHN CHANG  2005502A386A448.  Registered Agent's Signature (REQUIRED)		
John Chang	• • • •	ريد. اريد
(CONTINUED)		12
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MGR John Chang  11912 Sheldon Road Tampa, FL 33626  MGR Amir Awad  11912 Sheldon Road Tampa, FL 33626  MGR Alfredo Mendoza  11912 Sheldon Road Tampa, FL 33626  MGR Alfredo Mendoza  11912 Sheldon Road Tampa, FL 33626  (Use attachment if necessary)  (CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or state of filing.)  (CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  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 documer constitutes an affirmation under the penalties of perjury that the facts stated herie in art true. If 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.)  John Chang Typed or printed name of signee	Title:	Name and Address:
MGR    1912 Sheldon Road   Tampa, FL 33626     MGR	"AMBR" = Authorized Member	
MGR  Amir Awad  11912 Sheldon Road  Tampa, FL 33626  Amir Awad  11912 Sheldon Road  Tampa, FL 33626  MGR  Alfredo Mendoza  11912 Sheldon Road  Tampa, FL 33626  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	"MGR" = Manager MGR	John Chang
MGR  Amir Awad  11912 Sheldon Road  Tampa, FL 33626  MGR  Alfredo Mendoza  11912 Sheldon Road  Tampa, FL 33626  Alfredo Mendoza  11912 Sheldon Road  Tampa, FL 33626  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or set of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  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 documer 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.)  John Chang  Typed or printed name of signee		
### The 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  ##################################		
Alfredo Mendoza  11912 Sheldon Road  Tampa, EL 33626  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	MGR	Amir Awad
Alfredo Mendoza  11912 Sheldon Road  Tampa, FL 33626  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		11912 Sheldon Road
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		Tampa, FL 33626
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:	MGR	Alfredo Mendoza
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:	<del></del>	11912 Sheldon Road
REQUIRED SIGNATURE:    Comparison of the description of the descriptio		Tampa, FL 33626
CLE V: Effective date, if other than the date of filing:		
ICLE V: Effective date, if other than the date of filing:		
REQUIRED SIGNATURE:    Constitute of a member of an authorized representative of a member.		+++++++++++++++++++++++++++++++++++++++
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