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To:

Division of Corporations

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from:

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Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. ALPHA SOLUTION VENTURES LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A Down
ARTICLE I - Name: The name of the Limited Liability Company is:
Alpha Solution Ventures LL.C
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
1439 Vest 44th Terrace high-eath
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.)
Moises yorl Garcia Alfonso (AMBR) 1439 West 44th Terrace Ligleah FL, 33012
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Moises Yoel Garcia Altonso (FIRSA)
THE DAY OF THE PROPERTY OF THE

Required Signatures:

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 document constitutes an affirmation under the penaltics 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.3.

Typed or printed name of signee

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)

2023 AUG 11 PH 2: 48