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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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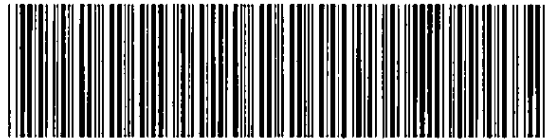
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VIPER TECHNOLOGY SOLUTIONS, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARL A MARCZAK, CPA

Name of Person

CARL A MARCZAK PC

Firm/Company

27 WINTON RD

Address

EAST BRUNSWICK, NJ 08816

City/State and Zip Code

CLMJA26427@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARL MARCZAK

732

390-1925

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee
Certificate of Status
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

ALZACRE'S LIVING SOLUTIONS, LLC

Alzacre's Living Solutions, LLC, a Florida Limited Liability Company.

ARTICLE II - Address

The Limited Liability Company shall have its principal office at:

Principal Office Address

Mailing Address

1001 E. JACK RD.

1001 E. JACK RD.

ALZACRE, FL 32108

ALZACRE, FL 32108

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The Limited Liability Company hereby selects as its registered agent, a natural person who is a resident of the State of Florida, to receive service of process on behalf of the Limited Liability Company.

The Registered Agent is: ALZACRE, LIVING SOLUTIONS, LLC

NAME AND SIGNATURE

Name

Signature

ALZACRE, LIVING SOLUTIONS, LLC

Address

City

State

Zip

City

State

Zip

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" - Authorized Member

"MGR" - Manager

AMBR

Name and Address:

JAMES AMENDOLARO

3880 GLEROCK RD

MIDDLEBURG, FL 32068

AMBR

DANYELLE AMENDOLARO

3880 GLEROCK RD

MIDDLEBURG, FL 32068

(Use attachment if necessary)

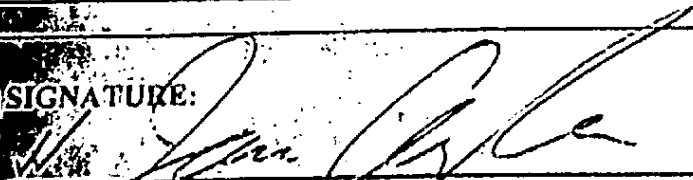
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

JAMES AMENDOLARO

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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