

L240000049129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

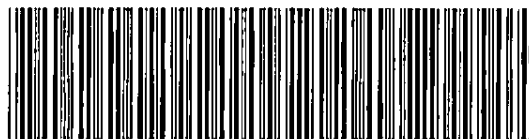
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600420927536

12/28/23--01029--014 **132.00

2023 DEC 28 PM 10:30
RECEIVED
CLERK OF COURT
JANUARY 2, 2024

T.S.A
11/30/24

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: ALFA MULTIFRAMING 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:

MARTIN BARRERA MARTINEZ

Name of Person

ALFA MULTIFRAMING LLC

Firm/Company

398 VARNADOE RD

Address

WINTER HAVEN, FL 33880

City/State and Zip Code

ALFAMULTIFRAMING@GMAIL.COM

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

For further information concerning this matter, please call:

MARTIN BARRERA MARTINEZ 470 363-3699
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

2012 DEC 28 PM 10:30
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALFA MULTIFRAMING 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:

Principal Office Address:

398 VARNADOE RD
WINTER HAVEN, FL 33880

Mailing Address:

398 VARNADOE RD
WINTER HAVEN, FL 33880

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:

MARTIN BARRERA MARTINEZ

Name

398 VARNADOE RD

Florida street address (P.O. Box **NOT** acceptable)

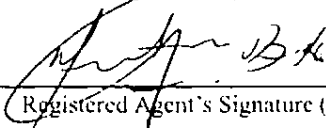
WINTER HAVEN FLORIDA 33880

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)

2023 DEC 26 PM 10:30
CLERK OF
COURT
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

MARTINEZ BARRERA MARTINEZ

398 VARNADOE RD

WINTER HAVEN, FL 33880

(Use attachment if necessary)

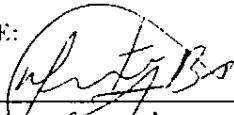
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If 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.

MARTIN BARRERA MARTINEZ

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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RECEIVED
CLERK OF THE COURT
STATE OF FLORIDA



Type /
Catégorie P

ISSUE STATE CODE /
Code du pays émetteur MEX

PASSEPORT No /
No du Passeport G41919687

Surnom /
Nom

BARRERA MARTINEZ

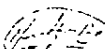
Civil name / Prénoms
MARTIN

FAMILY NAME / NOM DE FAMILLE
MEXICANA

Date of birth / Date de naissance CURP Personal No / No personnel
27 04 1984 BAMBA040427HHGRRR02

Sex / Sexe M Place of birth / Lieu de naissance
ALFAJAYUCAN, HGO., MEX

Issue date / Date de délivrance Copy date / Date d'expiration
12 07 2021 12 07 2024

Holder's signature / Signature du titulaire Authority / Autorité
 ATLANTA

P<MEXBARRERA<MARTINEZ<<MARTIN<<<<<<<<<<<<<<<<
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2023 DEC 28 PM 10:30
FBI - MEMPHIS



Department of the Treasury
Internal Revenue Service
PO Box 149342
Austin, TX 78714-9342

Notice CP565
Notice date December 14, 2021
To contact us Phone 800-908-9982
International calls:
+1-267-941-1000
Case reference number 70294-313-48719-1
Date of birth April 27, 1984
Page 1 of 2

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MARTIN BARRERA MARTINEZ
3700 BUFORD HWY NE APT 42
ATLANTA GA 30329

002487

In response to your Individual Taxpayer Identification Number application

We assigned you Individual Taxpayer Identification Number (ITIN) 980-90-8137

This notice confirms your assigned
ITIN 980-90-8137.

**Keep this notice in a secure place with your
other important documents.**

We'll mail back the documents you submitted with
your Form W-7 application in a separate envelope.
You should receive them within 60 days. If you don't
receive the documents within 60 days, or if you
moved since submitting your application, call us at
the telephone number listed above. You can also
write to us at the address listed at the top of this
notice.

Your ITIN and personal information

ITIN	980-90-8137		
Full name	BARRERA MARTINEZ		
	First	Middle	Last
Date of birth	April 27, 1984		

The IRS will use your ITIN, along with your full name and date of birth, to identify tax documents,
payments, and any other correspondence. Therefore, it's very important that the personal
information we have for you is correct.

You don't need to respond to this notice unless your personal information is incorrect.

What you need to do

- Use your full name and ITIN on all correspondence with the IRS, including tax returns, tax payments and refund claims. Using an incorrect name or ITIN may cause processing delays or errors on your account.
- Use your ITIN in place of a Social Security number (SSN) when one is requested on any federal tax document.
- You must use your ITIN on at least one federal income tax return within a three-year period or it will expire.
- Keep this notice for your records.

Continued on back...