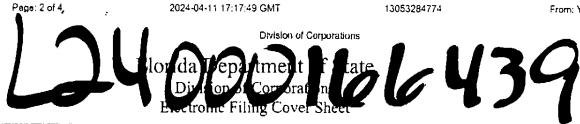
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 Phone

Fax Number : (305)328-4774

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

Email Address:_

FLORIDA LIMITED LIABILITY CO.

ALPHALAN LLC

1
03
\$155.00

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2024 APR 11 AM 9: 06

ALPHALAN 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:

1	Principal Office Address:		Mailing Address:
1901 SW 133	AVE	SA	ME
MIRAMAR F	L 33027		
The Limited Liability Co mother business entity w	red Agent, Registered Office ompany cannot serve as its ow with an active Florida registrati a street address of the registere	n Registered Agent ion.)	. You must designate an individual o
	JUAN RAMON TO	ORRES	
		Name	
	1901 SW 133 AVE		<u> </u>
	Florida street addre	ss (P.O. Box <u>NOT</u>	acceptable)
		FI	12025
	MIRAMAR	FL	33027

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..

Employed Developments

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = "MGR" = N	Authorized M Manager	1ember	Ŋ	ame and Addro	<u> </u>				
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