

Florida Department of State
Division of Corporations
Electronic Filing System

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : VORAUS S&O LLC
Account Number : I20220000166
Phone : (321)732-2022
Fax Number : (407)577-3447

****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.
ALPHA STRATEGY CONSULTING GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2024 AUG -9 PM 3:01
STATE
SECRETARY

FILED

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2024 AUG -9 PM 3:08
CORPORATION
STATE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Alpha strategy Consulting Group 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:

Gianfranco Pecori Villareal

Name of Person

Firm/Company

111 E MONUMENT AV SUITE 307

Address

KISSIMMEE, FL 34741

City/State and Zip Code

voraussyo@gmail.com

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

For further information concerning this matter, please call:

Elsy Olivar

321

7322022

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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STATE OF FLORIDA
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alpha strategy Consulting Group 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:Mailing Address:

111 E MONUMENT AVE SUITE 307

KISSIMMEE, FL, 34741

111 E MONUMENT AV SUITE 307

KISSIMMEE, FL, 34741

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:

Gianfranco Pectori Villarreal

Name

111 E MONUMENT AV SUITE 307

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

KISSIMMEE

FL

34741

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.

Gianfranco Pectori Villarreal

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
JULY 2024
KISSIMMEE, FL

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ARTICLE IV-

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

Title:Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Gianfranco Pecori Villarreal

111 E MONUMENT AV SUITE 307

KISSIMMEE, FL 34741

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CLERK OF STATE
KISSIMMEE, FL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/09/2024. (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.

We are going to dedicate ourselves to providing consulting services for restaurant companies.

ANY AND ALL LAWFUL PURPOSE IN THE UNITED STATES.

REQUIRED SIGNATURE:

Gianfranco Pecori Villarreal

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.

Gianfranco Pecori Villarreal

Typed or printed name of signer

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)