

HH
8.21.24

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L24000362739

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H240002805723))



H240002805723ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

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 Reliance Property Management, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

2024 AUG 21 PM 4:00
RECEIVED
FILED
CLERK OF STATE
TALLAHASSEE
24 AUG 21 AM 4:35

ARTICLES OF ORIGATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **Alpha Reliance Property Management, LLC**

ARTICLE II PHYSICAL AND MAILING OFFICE ADDRESS

The physical place of business and mailing address is:

Physical and Mailing Address:
31 West Tarpon Avenue
Tarpon Springs, FL 34689

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

The name and Florida Street address of the initial registered agent is: **Todd Unbehagen**
31 West Tarpon Avenue
Tarpon Springs, FL 34689

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.



Signature/Registered Agent

8/20/2024

Date

ARTICLE IV Manager(s)

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

Todd Unbehagen -- Manager
31 West Tarpon Avenue
Tarpon Springs, FL 34689

ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Immediately upon filing

Signature of a member or an authorized representative of a member. (In accordance with section 605.0263 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties 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.S.)



Signature/Incorporator/MGR.

8/20/2024

Date

Todd Unbehagen

Printed name of Signee

FILED
CLERK OF STATE
26 AUG 21 AM 4:35