

C24000378700

(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



900435908449

FILED

2024 SEP -3 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 SEP -3 AM 4:26

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Alpha & Coise - Enterprise 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:

Demetrius Murray
Name of Person

Alpha & Coise - Enterprise LLC
Firm/Company

3433 North Ridge Road
Address

Tallahassee FL 32305
City/State and Zip Code

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

2024 SEP -3 AM 9:47
RECEIVED
TALLAHASSEE, FL
DIVISION OF STATE

FILED

For further information concerning this matter, please call:

Demetrius Murray at (850) 339-6632
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alpha & Co. sc. Enterprise 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:

3433 North Ridge Rd
Tallahassee FL 32305

3433 North Ridge Rd
Tallahassee, FL 32305

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:

Demetrius Murray
Name

3433 North Ridge Rd
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32305
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP -3 AM 9:47

FILED

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's Signature (REQUIRED)

(CONTINUED)

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:

Demetrius Murray

3933 Northridge Rd Tallahassee FL

AMBR

Francine Murray

3933 Northridge Rd Tallahassee FL

(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.

Demetrius Murray

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)

2024 SEP -3 AM 9:47
DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED