Florida Department of State Division of Co

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.

(((H24000308922 3)))



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 : FILE IT USA INC. Account Number : I20190000121 : (718)925-2025 : (718)925-2027 Fax Number

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

Email Address: ___service@fileitusa.com

FLORIDA LIMITED LIABILITY CO.

Alo Advance FL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

(((H24000308922 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Λ	Ŋ	TI	\boldsymbol{C}	LE I	۱ ـ ۱	Nο	ma	

The name of the Limited Liability Company is:

Alo Advance FL LLC

(Must conatin 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:

Princi	nal Off	lice A	ldress:
1 1 111 (1	Dai Oil	ווע או	10 033

Mailing Address:

9600 Koger Blvd N, Suite 236 9600 Koger Blvd N, Suite 236 St. Petersburg, FL 33702 St. Petersburg, FL 33702

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:

Corporate Creations Network Inc.

Name

801 US Highway 1

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

North Palm Beach FL 33408

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..

Tim Pratts, Special Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Straight of Stay Orwings

(((H24000308922 3)))

	Title: "AMBR" = Authorized Member	Name and Address:
:	"MGR" = Manager AMBR	Receivables Portfolio Management Manager Corporation 9600 Koger Blvd N, Suite 236 St. Petersburg, FL 33702
	(Use attachment if necessary)	
lf an ei	LE V: Effective date, if other than the da fective date is listed, the date must be s of filing.)	te of filing:
Note:	If the date inserted in this block does not ument's effective date on the Departmer	meet the applicable statutory filing requirements, this date will not be listed at of State's records.
the doc	LE VI: Other provisions, if any.	
he doc		

Miriam Schwartz

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

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)

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)