Division of Corporations Electronic Filing Cover Sheet

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.

(((H24000326845 3)))



H240003268453ABC1

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 : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)803-2736 Fax Number : (305)646-1527

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

Fmail	Address:
LIVERIA	

FLORIDA LIMITED LIABILITY CO. ALPHATECH DES, LLC.

THE RESERVE THE PROPERTY OF THE PARTY OF THE
0
0
01
\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
ALPHATE(OH DES, LLC			
(Must contai	n the words "Limited	Liability Compa	iny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	iress of the principal c	office of the Lim	uited Liability Company is:	
Principal	Office Address:		Mailing Addre	:55:
110 SW 21 RD			110 SW 21 RD	
MIAMI, FL 33129			MAMI, FL 33129	
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an ac	annot serve as its owi	: Registered Age		ividual or
The name and the Florida street ad	dress of the registere	d agent are:		
	RENE HERN	ANDEZ		
		Name		
	110 SW 21 RD			
	Florida street addres	ss (P.O. Box <u>N</u> O	OT acceptable)	
	MIAMI	FL	33129	
	City	State	Zàp	

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 ! am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

AMBR RENE HERNANDEZ 110 SW 21 RD MIAMI. FL 33129 (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: 1 effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days afto are of filing. 2 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed business? I steed the on the Department of State's records. ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: REQUIRED SIGNATURE: REQUIRED SIGNATURE: REPUBLIES SIGNATURE: REPUB	<u>Title:</u> "AMBR" – Au "MGR" = Man	Unrized Meinber	Name and Address:	
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: I effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after a date of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occurrent's effective date on the Department of State's records. ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: REQUIRED SIGNATURE: REPUBLICATION OF The provisions of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Stampes, I am aware that any take information submitted in a document to the Department of Page constitutes a third degree felony as provided for in s.817.155. F.S. RENE HERNANDEZ Typed or printed name of signee STAMPS OF ST		-6-1	RENE HERNANDEZ	
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:	7 (1912)	 -		
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:				
CUse attachment if necessary) ICLE V: Effective date, if other than the date of filing:				<u> </u>
CUse attachment if necessary) ICLE V: Effective date, if other than the date of filing:				
CUse attachment if necessary) ICLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:	· · · · · · · · · · · · · · · · · · ·			
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:				
REOURED SIGNATURE: REOURED SIGNATURE: REOURED SIGNATURE: REPARAMOEZ Typed or printed name of signec Filling Fees: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 100 or 90 days after the most be specific and cannot be more than five business days prior to or 90 days after the provisions and the provisions and the provisions and the listed occurrence of the provisions of the pro				
REQUIRED SIGNATURE: REQUIRED SIGNATURE: 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 Staptes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fetony as provided for in s.\$17.155, F.S. RENE HERNANDEZ Typed or printed name of signec Filling Free: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Cony (Optional)				
REQUIRED SIGNATURE: REQUIRED SIGNATURE: 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 Staptes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fetony as provided for in s.\$17.155, F.S. RENE HERNANDEZ Typed or printed name of signec Filling Free: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Cony (Optional)				
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 Standes. I am aware that any false information submitted in a document to the Department of State in a provided for in s.817.155, F.S. RENE HERNANDEZ Typed or printed name of signed Signature of a printed for in s.817.155, F.S. Signature of a printed for printed name of signed Signature of a printed for in s.817.155, F.S. Sign				
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 Stamtes. I am aware that any false information submitted in a document to the Department of Staffs constitutes a third degree fellows as provided for in s.817.155, F.S. RENE HERNANDEZ Typed or printed name of signed S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Cony (Optional)	CLE V: Effective d effective date is list te of filing.)	ate, if other than the date ed, the date must be spe	ecific and cannot be more than five business days prior to or	-
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Stampes. I am aware that any false information submitted in a document to the Department of Staffs constitutes a third degree felony as provided for in s.817.155, F.S. RENE HERNANDEZ Typed or printed name of signee Signature of a member. Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Cony (Optional)	CLE V: Effective deffective date is list te of filing.) if the date inserted	ate, if other than the date ed, the date must be spe in this block does not m	ecific and cannot be more than five business days prior to or state and cannot be more than five business days prior to or state and cannot be stated or stated and cannot be stated or stated and cannot be stated or s	-
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Stampes. I am aware that any false information submitted in a document to the Department of Staffs constitutes a third degree felony as provided for in s.817.155, F.S. RENE HERNANDEZ Typed or printed name of signed Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Cony (Optional)	CLE V: Effective deffective date is list to of filing.) If the date inserted cument's effective	ate, if other than the date ed. the date must be spe in this block does not m date on the Department of	ecific and cannot be more than five business days prior to or state and cannot be more than five business days prior to or state and cannot be stated or stated and cannot be stated or stated and cannot be stated or s	-
This document is executed in accordance with section 605.0203 (1) (b), Florida Starmes. 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. RENE HERNANDEZ Typed or printed name of signed Filing Fres: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Cony (Optional)	CLE V: Effective defective defective date is list to of filing.) If the date inserter cument's effective CLE VI: Other prov	ate, if other than the date ed. the date must be spe in this block does not m date on the Department of isions, if any.	ecific and cannot be more than five business days prior to or state and cannot be more than five business days prior to or state and cannot be stated or stated and cannot be stated or stated and cannot be stated or s	-
Typed or printed name of signed Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Cony (Optional)	CLE V: Effective defective defective date is list to of filing.) If the date inserter cument's effective CLE VI: Other prov	ate, if other than the date ed, the date must be spetin this block does not made on the Department crisions, if any.	ecific and cannot be more than five business days prior to or seet the applicable statutory filing requirements, this date will not State's records.	-
Typed or printed name of signed Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Cony (Optional)	CLE V: Effective defective defective date is list to of filing.) If the date inserter cument's effective CLE VI: Other prov	ate, if other than the date ed, the date must be spetin this block does not made on the Department crisions, if any.	ecific and cannot be more than five business days prior to or seet the applicable statutory filing requirements, this date will not State's records.	-
Typed or printed name of signee Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Conv (Ontional)	CLE V: Effective deffective date is list to of filing.) If the date inserter cument's effective CLE VI: Other province REQUIRED SI	ate, if other than the date ed, the date must be spe in this block does not medate on the Department of isions, if any. GNATURE:	neet the applicable statutory filing requirements, this date will not State's records.	ot be listed
Typed or printed name of signed SSE SSE SSE SSE SSE SSE SSE SSE SSE SS	CLE V: Effective deffective date is list to of filing.) If the date inserter cument's effective CLE VI: Other province REQUIRED SI	ate, if other than the date ed, the date must be spetin this block does not make on the Department of any. GNATURE: Signature of a met this document is execute am aware that any false	nucet the applicable statutory filing requirements, this date will not State's records. The properties of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florida Statutes on accordance with section 605.0203 (1) (b), Florida Statutes on accordance with section 605.0203 (1) (b), Florida Statutes on accordance with section 605.0203 (1) (b), Florida Statutes on accordance with section 605.0203 (1) (b), Florida Statutes on accordance with section 605.0203 (1) (c), Florida Statutes on accordance with section 605.0203 (1) (d), Florida Statutes on accordance with 605.0203 (1) (d), Florida Statutes on accordance with 605.0203 (1) (d), Florida Statutes on accordance with 605.0203 (1) (d), Fl	ot be listed
S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Conv (Ontional)	CLE V: Effective deffective date is list to of filing.) If the date inserter cument's effective CLE VI: Other province REQUIRED SI	ate, if other than the date ed, the date must be spetin this block does not make on the Department of any. GNATURE: Signature of a met this document is execute am aware that any false	nucet the applicable statutory filing requirements, this date will not State's records. The properties of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florida Statutes on accordance with section 605.0203 (1) (b), Florida Statutes on accordance with section 605.0203 (1) (b), Florida Statutes on accordance with section 605.0203 (1) (b), Florida Statutes on accordance with section 605.0203 (1) (b), Florida Statutes on accordance with section 605.0203 (1) (c), Florida Statutes on accordance with section 605.0203 (1) (d), Florida Statutes on accordance with 605.0203 (1) (d), Florida Statutes on accordance with 605.0203 (1) (d), Florida Statutes on accordance with 605.0203 (1) (d), Fl	ot be listed
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Conv (Ontional)	CLE V: Effective deffective date is list to of filing.) If the date inserter cument's effective CLE VI: Other province REQUIRED SI	ate, if other than the date ed, the date must be spetin this block does not make on the Department of a make on the Department of a make on the Department of a make of this document is executed am aware that any false constitutes a third degree	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statue's information submitted in a document to the Department of Statue felony as provided for in s.\$17.155, F.S.	ot be listed
S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Conv (Ontional)	CLE V: Effective deffective date is list to of filing.) If the date inserter cument's effective CLE VI: Other province REQUIRED SI	ate, if other than the date ed, the date must be spetin this block does not make on the Department of a make on the Department of a make on the Department of a make of this document is executed am aware that any false constitutes a third degree	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statues information submitted in a document to the Department of Flain felony as provided for in s.\$17.155, F.S. HERNANDEZ Typed or printed name of signee	2024 SEP
\$ 30.00 Certified Copy (Optional)	CLE V: Effective deffective date is list to of filing.) If the date inserter cument's effective CLE VI: Other province REQUIRED SI	ate, if other than the date ed, the date must be spetin this block does not make on the Department of a make on the Department of a make on the Department of a make of this document is executed am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State felony as provided for in s.\$17.155, F.S. HERNANDEZ Typed or printed name of signee	ot be listed
3 20.00 Certified Copy (Obtional)	CLE V: Effective deffective date is list to of filing.) If the date inserter cument's effective CLE VI: Other proventing the REQUIRED SI	ate, if other than the date ed, the date must be specifin this block does not medate on the Department of a many. GNATURE: Signature of a median aware that any false constitutes a third degree RENE	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statues information submitted in a document to the Department of State felony as provided for in s.\$17.155, F.S. HERNANDEZ Typed or printed name of signee	ot be listed 2024 SEP 25
E F BB Constitution of Constitution in	CLE V: Effective deffective date is list to of filing.) If the date inserter cument's effective CLE VI: Other provent SI REQUIRED SI \$125.00 Filing	ate, if other than the date ed, the date must be specifin this block does not medate on the Department of isions, if any. GNATURE: Signature of a median aware that any false constitutes a third degree RENE.	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State felony as provided for in s.\$17.155, F.S. HERNANDEZ Typed or printed name of signed Filling Fyys: ganization and Designation of Registered Agent	ot be listed 2024 SEP 25
on 9	CLE V: Effective deffective date is list to of filing.) If the date inserter cument's effective CLE VI: Other provential REQUIRED SI \$125.00 Filing \$ 30.00 Certification of the control	ate, if other than the date ed, the date must be specifin this block does not medate on the Department of isions, if any. GNATURE: Signature of a median aware that any false constitutes a third degree RENE.	receific and cannot be more than five business days prior to or specific and cannot be more than five business days prior to or specific and publicable statutory filing requirements, this date will not statute of State's records. The provided representative of a member of an accordance with section 605.0203 (1) (b), Florida Statutes and accordance with section 605.0203 (1) (b), Florida Statutes are felony as provided for in s.\$17.155, F.S. HERNANDEZ Typed or printed name of signed Filing Feys: (anization and Designation of Registered Agent and Designation of	2024 SEP 25 AH 12: S