

(((H24000345205 3)))



H240003452053ABCZ

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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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. ALPHASTAR HOLDING LLC

Certificate of Status	0
Certified Copy	1
Page Count .	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu



To:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:					
ALPHASTAR H	DLDING LLC					
(Must conta	in the words "Limited	Liability Company	, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	office of the Limite	d Liability Company is:			
Princips	l Office Address:		Mailing Address:			
4828 N. ARMENIA A TAMPA, FL 33603	AVENUE STE. 4		8 N. ARMENIA AVENUE STE. 4 MPA, FL 33603			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	cannot serve as its own	Registered Agent.	ent's Signature: You must designate an individual o	r -	7024 OCT	
The name and the Florida street a	ddress of the registered	i agent are:			O:	
	DIANET HERNANI	DEZ TRUJILLO		in S	PH	:
		Name		SI	ယ္	•
	4828 N. ARMENIA		·		02	
	Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)			
	TAMPA	FL	33603			
	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..

Dianet Hernandez

Rogistered Agent's Signature (REQUIRED)

(CONTINUED)

To:

"AMBR" = "MGR" = M	Authorized Member Ianager	Name and Address:		
AMBR		DIANET HERNANDEZ TR 4828 N. ARMENIA AVENU TAMPA, FL 33603	UJILLO JE STE. 4	- -
				- -
				- -
,				_
			:	_
	nent if necessary)			
ILE V: Effecti	ve date, if other than the date	of filing: ecific and cannot be more than fi	ve business days prior to or 90	days a
e of filing.) If the date inse	erted in this block does not re	neet the applicable statutory filing	requirements, this date will no	t pejist
e of filing.) If the date insecument's effect	erted in this block does not no ive date on the Department of provisions, if any.	of State's records.		고 고 # (gjist)
e of filing.) If the date insecument's effect	erted in this block does not no ive date on the Department of provisions, if any.	neet the applicable statutory filing of State's records.	(00)	
e of filing.) If the date insecument's effect CLE VI: Other	erted in this block does not not ive date on the Department of provisions, if any.	of State's records.	CONTRACTOR OF THE STATE OF THE	
te of filing.) If the date insecument's effect CLE VI: Other	erted in this block does not not not ive date on the Department of provisions, if any. 2 SIGNATURE:	of State's records.	TO THE	