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Division of Corporations

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To:

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

From:

Account Name : CORPOLICENSE, INC.
Account Number : 120050000118
Phone : (305)774-9606
Fax Number : (305)774-9660

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

Email Address: Alpine @ hotmail . es

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TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.
ALPINES CONTRACTORS, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
ALPINES CONTRACTORS, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

ALPINES CONTRACTORS, LLC

ARTICLE II - ADDRESS:

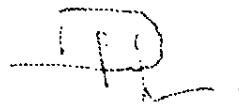
The mailing and principal address of the Limited Liability Company is:

**PRINCIPAL ADDRESS: 3100 NW 42nd Ave, Apt D-401
Coconut Creek, FL 33066**

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

The Registered Agent designated is: **ALFONSO PINEDA**

**3100 NW 42nd Ave, Apt D-401
Coconut Creek, FL 33066**



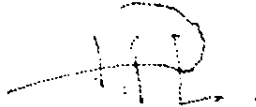
Having been named as registered agent and to accept service of process for the above stated Limited Liability Company in the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE: NAME AND ADDRESS

MGR ALFONSO PINEDA
3300 NW 42nd Ave, Apt D-401
Coconut Creek, FL 33066



ALFONSO PINEDA
Manager

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

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