

L12000018323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

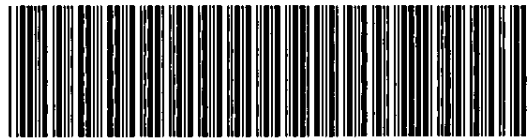
Special Instructions to Filing Officer:

A. LUNT

FEB - 7 2011

EXAMINER

Office Use Only



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02/06/12--01053--014 **155.00

SECURITY
WILLIAMSBURG, FLORIDA

2012 FEB - 6 PM 4: 21

FILED

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Alex Assets, LLC
01/31/2012

Enclosed is an original and one copy of the Articles with a check in the amount of \$155.00 for the Secretary of State which represents the filing fee for a Limited Liability Company.

Please return the enclosed additional copies to me with the filing date stamped on it.

2012 FEB-6 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FROM: Strategic Entity Services, LLC

1500 Avenue F Suite 3

Ely, Nevada 89301

866-310-7269

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alex Assets, 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:

Tina Boyce

Name of Person

Strategic Entity Services, LLC

Firm/Company

1500 Avenue F, Suite 3

Address

Ely Nevada 89301

City/State and Zip Code

gsellers53@gmail.com

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

For further information concerning this matter, please call:

Tina Boyce

Name of Person

at (866) 310-7269

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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2012 FEB -6 PM 4:2
FILED
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Alex Assets, LLC

(Must end with 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:

571 Crossfield Circle
Naples FL 34104

Mailing Address:

571 Crossfield Circle
Naples FL 34104

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:

Galina Sellers

Name

571 Crossfield Circle

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

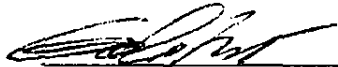
Naples

FL

34104

City, State, and 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 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2012 FEB - 6 PM 4: 21
CLERK OF CIRCUIT COURT
HALLAMSBERRY

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRM

Galina Sellers

571 Crossfield Circle

Naples FL 34104

2012 FEB -6 PM 4:21

FILED

(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.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Galina Sellers

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)