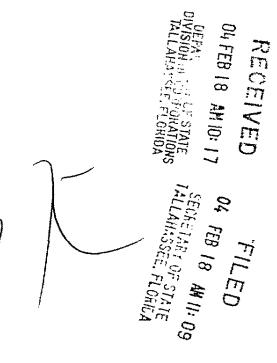
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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**Charter Number Only** 

VALIDAT ON ONL

OF THE TOTAL PLANTS

CORPORATION(S) NAME

Address

City

- <u></u>			-
) Profit			
) NonProfit	(	) Amendment	( ) Mergar
) Foreign	(	) Dissolution	( ) Mark
) Limited Partnership	(	) Annual Report	Plather LLC
) Reinstatement	Ċ	) Reservation	( ) Change of Registered Agent
Certified Copy	(	) Photo Copies	( ) Certificate Under Seal
A) Call When Ready	(	) Cail If Problem	( ) After 4:30
) Walk In	( ) Will Walt	) Pick Up	( ) Mail Out

Name
Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W P Verifier

CERTIFIED COPY

Timpire Toll Free: 1-800-432-3028

#### TRANSMITTAL LETTER

<b>т</b> о:	Registration Section	TRANSMITTAI	L <b>LETT</b>	ER E	OF FIRE PLONE PLON
	Division of Corporations				Ga w
SUBJE	CT:	ALEXIS INVESTME		;,	1000
		(Name of Limited Liab	inty Compa	ту)	**
The en	closed Articles of Organiza	tion and fee(s) are submitt	ed for filing	<u>,</u>	
	Please ret	urn all correspondence cor	ncerning thi	s matter to the following:	
		CHRIS BO	URNIAS		
		(Name o	of Person)	· •	
	20-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(Firm/C	ompany)		<del></del>
	·	143 FIRST HUF		), N.E.	
		(Ade	dress)		
		PALM BAY	′. FL 3290	7	
	W/7 - 102 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(City/State a			
For fur	ther information concerning	g this matter, please call:			
	CHRIS BOURNIAS	3 at (	704	895-1584	
	(Name of Person)		(Area Code	& Daytime Telephone Number)	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

· <u> </u>	ALEXIS INVEST	MENTS L.L.C.
ARTICLE II - Add The mailing address		principal office of the Limited Liability Company
Principal Office Ad	dress:	Mailing Address:
143 FIRST HUR	ST ROAD, N.E.	143 FIRST HURST ROAD, N.E.
PALM BAY, I	FL 32907	PALM BAY, FL 32907
ARTICLE III - Reo	vistered Agent. Registers	ed Office, & Registered Agent's Signature:
	orida street address of the	
	\$ \$11,00m 1 pm	NATE .
_	MIKE LE Nam	
~	Nam	ne
	Nam 2110 TURKEY	ne
- · · -	Nam 2110 TURKEY	OAK CT.  O.O. Box NOT acceptable)
	Nam 2110 TURKEY Florida street address (P	OAK CT.  O.O. Box <u>NOT</u> acceptable)  FLORIDA 32766

Page 1 of 2 (CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR **CHRIS BOURNIAS** 143 FIRST HURST ROAD, N.E. PALM BAY, FL 32907 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution

#### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury

CHRIS BOURNIAS
Typed or printed name of signee

that the facts stated herein are true.)

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

First that	. <u> </u>	ALEXIS INV	<u>ESTMENTS L</u>	<u>.L.C.</u>	
desiring to orga	ınize ι	inder the law	s of the State of	Florida Florida	
with its principa	al offi	ce, as indicat	ed in the Article	es of Incorporation h	as
named	MIE	<u>KE LEVAK</u>			
located at 2	110 T	URKEY OA	K COURT	÷	
City of OVIE	DO	_County of	SEMINOLE	of Florida, as	
its agent to acce	ept sei	rvice of proce	ess within this s	tate.	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

SIGNATURE Mile Lung Registered Agent