

L05000087073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

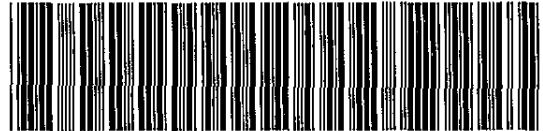
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Handwritten signature/initials*

Office Use Only



300058993123

FILED

05 SEP -2 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

05 SEP -2 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

---

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**1333 N. DUVAL STREET, TALLAHASSEE, FL 32303**  
**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE:** 09-02-05

**NAME:** ALECON, LLC

**TYPE OF FILING:** ARTICLES OF ORGANIZATION

**COST:** \$125

**RETURN:**

---

**ACCOUNT:** FCA0000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

---

**FILED**  
05 SEP -2 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Alecon, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

129 Nandina Circle  
Ponte Vedra Beach, FL 32082

**Mailing Address:**

129 Nandina Circle  
Ponte Vedra Beach, FL 32082

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

The name and the Florida street address of the registered agent are:

Nicholas D. Lee

Name

129 Nandina Circle

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

Ponte Vedra Beach FL 32082

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

(CONTINUED)

FILED  
05 SEP - 2 AM 11:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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

W.J. Collins & Associates, Inc.

129 Nandina Circle

Ponte Vedra Beach, FL 32082

MGR

Nicholas D. Lee

4812 Marsh Hammock Drive

Jacksonville, FL 32224

MGR

William J. Collins

129 Nandina Circle

Ponte Vedra Beach, FL 32082

MGR

James F. Sexton, Jr.

1100 Seagate Ave, Apt #287

Neptune Beach, FL 32266

(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 of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Nicholas D. Lee

\_\_\_\_\_  
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)**