

L0600000965-76

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

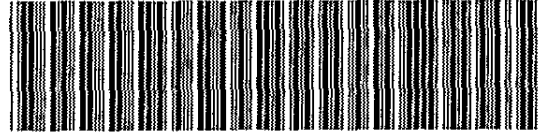
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ALL

Office Use Only



400080208814

10/02/06--01012--017 **130.00

FILED

2006 OCT -2 P 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: REGISTRATION SECTION
DIVISION OF CORPORATIONS

SUBJECT: ALEXANDRA'S CLOSET LLC

THE ENCLOSED ARTICLES OF ORGANIZATION AND FEE(S) ARE SUBMITTED FOR FILING.

PLEASE RETURN ALL CORRESPONDENCE CONCERNING THIS MATTER TO THE FOLLOWING:

ALEXANDRA'S CLOSET LLC
C/O CYNTHIA L NEUMAN-DUFFIELD
1756 WAVECREST STREET
MERRITT ISLAND, FL 32952

FOR FURTHER INFORMATION CONCERNING THIS MATTER, PLEASE CALL:

CYNTHIA NEUMAN-DUFFIELD (321) 684-3900

ENCLOSED IS A CHECK FOR THE FOLLOWING AMOUNT:

| | | | |
|-------------------------|--|--|---|
| () \$125.00 FILING FEE | (X) \$130.00 FILING FEE & CERTIFICATE OF STATUS | () \$155.00 FILING FEE & CERTIFIED COPY* | () \$160.00 FILING FEE CERTIFICATE OF STATUS & CERTIFIED COPY* |
|-------------------------|--|--|---|

*(ADDITIONAL COPY ENCLOSED)

STREET ADDRESS:

REGISTRATION SECTION
DIVISION OF CORPORATIONS
409 E. GAINES STREET
TALLAHASSEE, FL 32399

MAILING ADDRESS:

REGISTRATION SECTION
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32314

FILED
2008 OCT -2 P 3 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE 1- NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

ALEXANDRA'S CLOSET LLC

ARTICLE II - ADDRESS

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

PRINCIPAL OFFICE ADDRESS

1415 N. COURTENANY PKWY #
MERRITT ISLAND, FL 32953

MAILING ADDRESS

1756 WAVECREST STREET
MERRITT ISLAND, FL 32952

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE:**

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

CYNTHIA L NEUMAN-DUFFIELD

1756 WAVECREST STREET

MERRITT ISLAND, FL 32952

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

FILED
2008 OCT - 2 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER IS AS FOLLOWS:

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

TITLE: —
"MGR"= MANAGER
"MGRM"= MANAGING MEMBER

NAME & ADDRESS

MGR

CYNTHIA L NEUMAN-DUFFIELD
1756 WAVECREST STREET
MERRITT ISLAND, FL 32952

MGRM

LAWRENCE A DUFFIELD
1756 WAVECREST STREET
MERRITT ISLAND, FL 32952

2006 OCT - 2 P 3 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.)

CYNTHIA L NEUMAN-DUFFIELD
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)