# L07000060650

(Danuarhada Nama)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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DEFANCISION OF CORPORATIONS
VISION OF CORPORATIONS

### **COVER LETTER**

TO: Registration Sec Division of Corp			4.0 9	A
SUBJECT:	Alex's Tr (Name of Limite	Stallation d Liability Company)	1 LLCZE	KILED ST. SO
The enclosed Articles of 0	Organization and fee(s) are s	ubmitted for filing.	ر رئين رئين	ري <b>ري</b> دي <b>ري</b>
Please return all correspon	ndence concerning this matte	er to the following:	ζ,	AN CONTRACTOR
	Ron Ber	rheld		A
	(	Name of Person)		•
<del> </del>	<u> </u>			
	(	Firm/Company)		
	58 Sioux	Ciecle		
	08 Sioux	(Address)		•
How	ano A 33	222		
	(City,	/State and Zip Code)		
For further information co	ncerning this matter, please	call:		
_Ron Ber	field	at ( <u>850</u> <u>539</u> -	5/7/	
(Name of	Person)	(Area Code & Daytime Te	lephone Number)	
Enclosed is a check for t	the following amount:			
	\$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 Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301	s	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILI ARTICLE I - Name: The name of the Limited Liability Company is. "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: **Mailing Address:** 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: City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited

Registered Agent's Signature (REQUIRED)

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.,

(CONTINUED)
Page 1 of 2

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#### **REQUIRED SIGNATURE:**

to or 90 days after the date of filing.)

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.)

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)