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Special Instructions to Filing Officer:						
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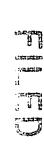




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SECRETARY OF STATE
TALLAHASSEF FLORIDA



COVER LETTER

TO:	Registration Division of C		
SUBJE	ECT:	William Alexande (Name of Limit	r L.L.C. ed Liability Company)
The en	closed Anicles	of Organization and fee(s) are	submitted for filing.
Please	return all corres	spondence concerning this mat	ter to the following:
		William Alexande	
			(Name of Person)
			(Firm/Company)
		8394 - 154th Roa	
			(Address)
		Palm Beach Garde	ns, FL 33418
•		(Cit	y/State and Zip Code)
For furt	her information	n concerning this matter, please	e call:
	Willia	m Alexander	at (561) 967–4554 (Area Code & Daytime Telephone Number)
	(Nam	e of Person)	(Area Code & Daytime Telephone Number)
Enclos	ed is a check f	for the following amount:	
]\$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
William Alexander L.L.C.		
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability (Company is:
Principal Office Address:	Mailing Address:	
8394 - 154th Road North	SAME	
Palm Beach Gardens, FL 33418	SAME	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		
The name and the Florida street address of th	ne registered agent are:	O7 DE
William Alexander	AH H	
Nar	me SS	21 [ARY
8394 - 154th Road No	orth rr:	
Florida street	address (P.O. Box NOT acceptable)	AH II: 29 De state
Palm Beach Gardens,	FL 22318	29
City, Stat	te, 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)

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

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

Title:		Name and Address:			
"MGR" ≈ Manage "MGRM" = Manag					
MGR		William Alexander			
<u></u>	_	8394 - 154th Road North		-	
		Palm Beach Gardens, FL 33418		-	
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(Use attachment if a	• •	of filing: ((OPTIO	NAL)
	l, the date must be spe	ecific and cannot be more than five bu			
<u>REQUIRED</u> SIGN	NATURE:				
	W. 1 G		SEC	07 D	
K	gnature of a member or a	an authorized representative of a member.	AEG	品	C33435
(I 0	n accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	ARY OF S	21 AH11: 29	
	William Alexander		OR	7: 2	· Income
_	Typed o	r printed name of signee	NO A	ڡٚ	

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)