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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

OCT 30 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alexander, Jacobi + Associates
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jelissa Cuevas-Rivera
Name of Person

Alexander, Jacobi + Associates
Firm/Company

PO Box 6057
Address

Jacksonville FL 32236
City/State and Zip Code

JCuevasriv6@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jelissa Cuevas-Rivera at (904) 891-3820
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alexander Jacobi + Associates LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

9233 Sharnbrook Lane
Jax FL 32244

Mailing Address:

PO Box 6057
Jax FL 32236

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:

Jelissa Cuevas-Rivera
Name

9233 Sharnbrook Lane
Florida street address (P.O. Box **NOT** acceptable)

Jax FL 32236
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..

Jelissa Cuevas-Rivera
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Telissa Cuevas-Rivera
PO Box 6057
Jacksonville FL 32236

MGRM

Ivette Santiago
PO Box 6057
Jacksonville FL 32236

MGRM

Alfredo Angeles
PO Box 6057
Jacksonville FL 32236

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Telissa Cuevas-Rivera
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)**