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Special Instructions to	Filing Officer:	
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Office Use Only

**EXAMINER** 



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SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations		
SUBJECT: AlexTon Installation LLC 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:		
Orlando Pierra Delado Name of Person		
Firm/Company		
2533 nu 79 ave -		
Address		
City/state and Zip Code		
AlexTon Tiles O hotmoil Con The E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
OPLANDO PUETTO at (786) 553 7226  Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}		
Mailing Address     Street/Courier Address       Registration Section     Registration Section       Division of Corporations     Division of Corporations		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee; FL 32314 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:
AlexTon Installation 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:  Mailing Address:
2533 NW 79 OVE WORL #1 33122
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:    Name
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.

Page 1 of 2

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:

· <u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Oplando fuerta 2533 nw 19 ace 2019, fl 33122
MGR	500 1000 BODE 6960 Jul 75 auch MIAMI, 11 33193
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(Use attachment if necessary)	GREE STATE OF THE
ARTICLE V: Effective date, if other than the da	
(If an effective date is listed, the date must be s to or 90 days after the date of filing.)	specific and cannot be more than five business days prior

**REOUIRED 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)