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(Requestor's Na	ame)		
(Address)	······································		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAI	T MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certifi	cates of Status		
Special Instructions to Filing Officer:			
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TILED.

N. Gulligan AUG - 8 2012

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	_{ECT:} Alexandria Subs	L.L.C.			
	Name of Limited Liability Company				
The er	nclosed Articles of Organization and	fee(s) are submitted for filing.			
Please	return all correspondence concernin	g this matter to the following:			
	Hany L. Mansour				
		Name of Person			
	Alexandria Subs L.L	.C.			
	Firm/Company				
	4556 Williamstown B	lvd			
		Address			
	Lakeland 33810				
	City/State and Zip Code				
	Mansoh62@gmail.com				
	t:-maii address; (o be used for future annual report notification)			
For fu	ther information concerning this ma	ter, please call:			
Hany	L. Mansour	at (863) 510 4597			
	Name of Person	Area Code & Daytime Telephone Number			
Enclos	sed is a check for the following at	nount:			
\$125.00	Filing Fee \$\sum \\$130.00 Filing Certificate of \$\frac{1}{2}\$				
	Mailing Address Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	on Registration Section orations Division of Corporations Clifton Building			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Alexandria Subs L.L.C.		
(Must end with the words "Limited Liabil	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
8225 Park Edge Drive Tampa, FL 33637	8225 Park Edge Drive Tampa, FL 33637	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		
The name and the Florida street address of the r	egistered agent are:	
Hany L. Mansour		
Name		
4556 Williamstown Blvd Florida street address (P.O. Box NOT acceptable)		
Florida street add	ress (P.O. Box NOT acceptable)	
Lakeland, FL 33810	FL FL	
City, Sta	ite, 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..

(CONTINUED)

tered Agent's Signature (REQUIRED)

Page 1 of 2

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:
MGR	Neven A. Youssef 4556 Williamstown Blvd Lakeland, FL 33810
·	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	the date of filing: 15 August 2012 (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a members.	ber or an authorized representative of a member.
constitutes an affirmation und I am aware that any false info	ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)

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)

Hany L. Mansour

Typed or printed name of signee