

L13000137715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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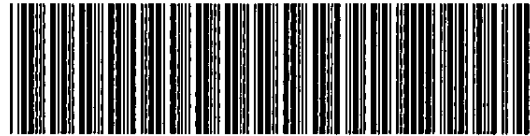
(Business Entity Name)

(Document Number)

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J. Shivers OCT 01 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2013

ALEX WOODSON
9347 86TH ST
LIVE OAK, FL 32060

SUBJECT: ALEX WOODSON, LLC
Ref. Number: W13000045792

We have received your document for ALEX WOODSON, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 213A00019610

(850) 245-6051..

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALEX WOODSON,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:

ALEX WOODSON

Name of Person

ALEX WOODSON,LLC

Firm/Company

9347 86TH ST

Address

LIVE OAK, FL 32060

City/State and Zip Code

Alexwoodson10@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEX WOODSON

Name of Person

at (386) 292-9269

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

13 AUG 15 PM 1:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ALEX WOODSON, 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:**9347 86th ST Live Oak, FL
320609347 86TH ST LIVE OAK, FL 32060**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:

ALEX WOODSON

Name

9347 86TH STFlorida street address (P.O. Box NOT acceptable)LIVE OAK FL 32060

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.

Alex Woodson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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13 AUG 15 PM 1:29
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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

ALEX WOODSON

9347 86TH ST

LIVE OAK, FL 32060

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06-15-13. (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:

Alex Wadman
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.)

Alex. Wadison
Typed or printed name of signer

document
are true
of State

13 AUG 15 PM 4: 29

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)