61500 0076246

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100269706561

02/23/15--01029--014 **125.00



Alexander Rubio-Fleischer 7904 Pine Crossing Cir Apt. 816 Orlando FL 32807

(cell) 407 300 4587

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Alexander Rubio-Fleischer 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:
Alexander Rubio-Fleischer Name of Person
Name of Person
Firm/Company
7904 Pine Crossing Cir Apt. 816 Address)
Orlando FL 32807
City/State and Zip Code La fleische h. rubi of leische reg a mail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alexander Rubio-Fleischer at 407 300-4587 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status 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 Division of Corporations Clifton Building Tallahassee, FL 32314 Zefo1 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Alexander Rubio - Fleischer LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7904 Pine Crossing Cir Apt. 816 Orlando FL 72807	7904 Pine Crossing Cir Apl. 816 Orlando FL 32807
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	_
Alexander Rubio	- Fleischer
Alexander Rubio Name 7904 Pine Crossin	a Cir Ad 81
Florida street address (P.O. Box 1	NOT acceptable)
Orlando	
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance stations of my position as registered agent as provided for in r605, F.S
)
Registered Agent's Signatu	re (REQUIRED)
(CONTINUE)	15 FEB
Page 1 of 2	23 PM 1: 1

Title:	_	ame and Address				
"AMBR" = Authorized Me "MGR" = Manager AMBR		Alexander 7904 Pine				<u>ر</u>
	-	Orlande FL	328071			_
	_					_
	-					_
	-			,		_
	_ _					_
	_		·			_
	<u>-</u>					_
(Use attachment if necessa	v)					
		•				
ctive date is listed, the da f filing.)	te must be specific and o	annot be more tha	n five busin	(OP HOI ess days pr	NAL) ior to o	r 9(
ective date is listed, the date of filing.) EVI: Other provisions, if a	ny.	annot be more tha	n five busine	ess days pr	NAL) ior to o	r 90
ective date is listed, the date of filing.) EVI: Other provisions, if a	ny.	annot be more tha	n five busin	(OF HO)	NAL)	r 9
REQUIRED SIGNATUR (In accordance y constitutes an af I am aware that constitutes a thir	ature of a member or a rith section 605.0203 (1) irmation under the penal my false information subd degree felony as provided.	n authorized repression by Florida Statute ties of perjury that mitted in a docume led for in s.817.155	esentative of s, the execut the facts state at to the Dep	a member ion of this ced herein ar artment of	documente true.	
(In accordance v constitutes an af I am aware that constitutes a thir	ature of a member or a rith section 605.0203 (1) irmation under the penal my false information subd degree felony as provided.	n authorized repression by Florida Statute ties of perjury that mitted in a docume led for in s.817.155	esentative of s, the execut the facts state at to the Dep	a member ion of this ced herein ar artment of	documente true.	
REQUIRED SIGNATUR (In accordance vectors and I am aware that constitutes a third filling.)	ature of a member or a rith section 605.0203 (1) irrnation under the penal my false information subdidegree felony as providing the felony as providin	n authorized repre (b), Florida Statute ties of perjury that mitted in a docume led for in s.817.155 printed name of sign	esentative of s, the execut the facts state at to the Dep	a member ion of this ced herein ar artment of	documente true.	
REQUIRED SIGNATURE (In accordance of constitutes a thin constitutes a thin constitutes a factor of the constitutes a thin constitute a thin cons	ature of a member or a rith section 605.0203 (1) irrnation under the penal my false information subdidegree felony as provided by the control of the control	n authorized repre (b), Florida Statute ties of perjury that mitted in a docume led for in s.817.155 printed name of significant	esentative of s, the execution to the Dep., F.S.)	a member ion of this cod herein ar	documente true.	nt
REQUIRED SIGNATURE (In accordance of a survival and a survival an	ature of a member or a rith section 605.0203 (1) irrnation under the penal my false information subdidegree felony as provided by the control of the control	n authorized repre (b), Florida Statute ties of perjury that mitted in a docume led for in s.817.155 printed name of significant	esentative of s, the execution to the Dep., F.S.)	a member ion of this cod herein ar	documente true.	
REQUIRED SIGNATURES (In accordance vectors at that constitutes a thin \$30.00 Certified Copy	ature of a member or a rith section 605.0203 (1) irrnation under the penal my false information subdidegree felony as provided by a constant of the constant o	n authorized repre (b), Florida Statute ties of perjury that mitted in a docume led for in s.817.155 printed name of significant	esentative of s, the execution to the Dep., F.S.)	a member ion of this cod herein ar	documente true.	