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## **COVER LETTER**

Division of Corporations	
SUBJECT: ALEGNA	HOLDINGS LLC Name of Limited Liability Company
I	Name of Limited Liability Company
The enclosed Articles of Organization a	and fee(s) are submitted for filing.
Please return all correspondence concer	ming this matter to the following:
ANTHON	4 PRIJOEKKER
	Name of Person
	Firm/Company
16298, 89	9th PL N Address
· · · · · · · · · · · · · · · · · · ·	Address
LOXAHATCH	EE, FL 33470 City/State and Zip Code
takaate	City/State and Zip Code
E-mail address:	(to be used for future annual report notification)
For further information concerning this m	natter, please call:
Anthony Pridekter Name of Person	at ( 954 ) 736 6675  Area Code Daytime Telephone Number
Enclosed is a check for the following an	nount:
\$125.00 Filing Fee \$130.00 Filing Certificate of	status Signature
Mailing Address	Street Address
New Filing Section Division of Corporati	New Filing Section ons Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	4 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:	
Must end with the words "Limited Liability C	LLC
(Must end with the words "Limited Liability C	ompany, "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:
16298 89th PL N	16298 89th PL N
LOXAHATCHEE FL 33470	LOXA HATCH GE FL 33470
FL 33470	FL 33470
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  ANTHONY PRI  Name  16298 89+14	Agent. You must designate an individual or
Florida street address (P.O. Box	NOT acceptable)  FL 33470
•	
LOXAHATCHEE City State	FL 53470
City State	Zip
daving been named as registered agent and to accept service of procesolace designated in this certificate, I hereby accept the appointment as wither agree to comply with the provisions of all statutes relating to the imfamiliar with and accept the obligations of my position as registered from familiar with and accept the obligations of my position as registered.  Registered Agent's	registered agent and agree to act in this capacity. I e proper and complete performance of my duties, and I

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR	Name and Address:  ANTHONY RIJUEKKER  16298 89 KM PL. N  LOXAHATCHEE 33470 FL.
AMBR	ANGELA WALTON 16298 89th PL H LOXAHATCHEE, FL 33470
an effective date is listed, the date must be special date of filing.)  ote: If the date inserted in this block does not a	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed as
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be speedate of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be speciate of filing.)  ote: If the date inserted in this block does not be document's effective date on the Department	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

**ARTICLE IV-**

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)