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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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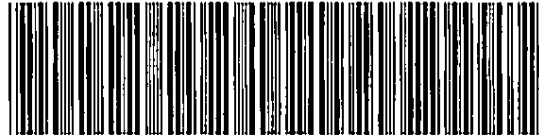
(Business Entity Name)

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SECURITY IN
TALLAHASSEE FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

Subject: Alex's Autism Tools, LLC

Date: 06/23/17

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexander Karmazinski
Alex's Autism Tools, LLC
3601 Kernan Boulevard South, #1322
Jacksonville, FL 32224

Alex.karmazinski@gmail.com

E-mail to be used for future annual report notification

For further information concerning this matter, please call:
ShawnDel Karmazinski or Alex Karmazinski at 410-258-2258

Enclosed is a check for \$125 filing fee

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing 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:

Alex's Autism Tools, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

3601 Kernan Boulevard South, #1322
Jacksonville, FL 32224

ARTICLE III – Registered Agent

The name and the Florida street address of the registered agent are:

Alexander Karmazinski
3601 Kernan Boulevard South, #1322
Jacksonville, FL

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 605, F.S.

Registered Agent's Signature (REQUIRED): Alex Karmazinski

ARTICLE IV –

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: **Name and Address:**

Member/Manager Alex Karmazinski, 3601 Kernan Blvd. South, #1322, Jacksonville, FL, 32224

Signature: Alex Karmazinski