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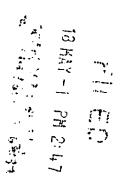
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			t 6th Avenue. Tallahasse 66) ~ (850) 222-2666	6 or (800) 969-1666. Fax (850) 222-1666
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SPECIAL INSTRUCTIONS:

(CORPORATE NAME AND DOCUMENT #)

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6.

COVER LETTER

	tegistration Section Division of Corporations		
SUBJECT	Alexander Consulting of Orlando,	, LLC	
		Limited Liabili	ty Company
The enclos	sed Articles of Organization and fee(s) are submitted	for filing.
Please retu	irn all correspondence concerning this	matter to the f	ollowing:
	Grant T. Downing		
		Name of	Person
	Godbold, Downing, Bill & Rentz, P	P.A.	
		Firm/Co	npany
	222 W. Comstock Avenue, Suite 10)1	
		Addre	rss
	Winter Park, FL 32789		
	khoran@gdb-law.com	City/State and	Zip Code
•	E-mail address: (to be us	sed for future ar	nnual report notification)
For further is	n formation concerning this matter, ple	ase call:	
	Kristy Horan	407	647-4418
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
]\$125.00 Fi	ling Fee S130.00 Filing Fee & Certificate of Status	Certifie	Siling Fee & Siling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	? I (2	itreet Address New Filing Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ited Liability Company is: Mailing Address: 4563 Tigua Island Court Winter Park, FL 32792
ited Liability Company is: Mailing Address: 4563 Tigua Island Court Winter Park, FL 32792
Mailing Address: 4563 Tigua Island Court Winter Park, FL 32792
4563 Tigua Island Court Winter Park, FL 32792
Winter Park, FL 32792 Agent's Signature:
gent's Signature:
nt. You must designate an individual or
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32789
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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)

(CONTLAUED)

Page I of 2

	N'ama and Address.	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Kyle D. Riva	
- Total	4563 Tigua Island Court	
	Winter Park, FL 32792	
		
	<u> </u>	
(Use attachment if necessary)		
(Ose attachment if necessary)		
ARTICLE V: Effective date, if other than the da	te of filing: (OPTIONAL)	
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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)