L 800118640

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	; #)
PICK-UP	MAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

MAY 1 5 2018

T. SCOTT



300313061003

05/09/18--01009--013 **160.00

SECRETARY OF STATE

2016 HAY -9 PH 12: 1

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Alexander Expert Consulting Services, 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:
Earnes + Alexander, Jr. Name of Person
Alexander Expert Consulting Services, 4C
13720 Springer Lane
Tampa, FL 33625 City/State and Zip Code eastalexander@aol.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Earnest Alexander Trat (813) (010-8784) Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\$130.00 Filing Fee \$\$\$155.00 Filing Fee \$\$\$\$Certificate of Status \$\$\$\$(additional copy is enclosed)\$\$\$\$\$\$Certified Copy \$\$\$\$\$\$\$(additional copy is enclosed)\$

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

The name of the	Limited Liabi	lity Company is	5:					
	.A. I	1 -		1	1114	C	1 /	

Alexander Expert Consulting Dervices,
(Must contain the words "Linkited Liability Company, "L.L.D." or "LLC.")

ARTICLE II - Address:

ARTICLE 1 - Name:

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

Principal Office Address:

Mailing Address:

13720 Springer Lane Tampa, FL 33625 13720 Springer Lane Tampa / FL 33625

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:

T T

13/20 Springer Lane

Florida street address (P.O. Box NOT acceptable)

avelu

State

33697

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 Ghapter 605, F.S..

Registered Agent's Signature (REQUIR

(CONTINUED)

SECRETARY OF STALE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Earnest Alexander, Ir
	Tampa, FL 33625
AMBR	Earnest Alexander, Ir 13720 Spanger Laine
AMBR	Stacey T. Alexander
	13720 Springer Lane Tampa, FL 33625
(Use attachment if necessary)	
CLE V: Effective date, if other than the offective date is listed, the date must	be date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must e of filing.) If the date inserted in this block does	s not meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the effective date is listed, the date must e of filing.) If the date inserted in this block does nument's effective date on the Depart	s not meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the effective date is listed, the date must e of filing.) If the date inserted in this block does nument's effective date on the Depart	s not meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the effective date is listed, the date must	s not meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the effective date is listed, the date must e of filing.) If the date inserted in this block does connent's effective date on the Departicle VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is Lam aware that ar	s not meet the applicable statutory filing requirements, this date will not be li

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)