

L20000178833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

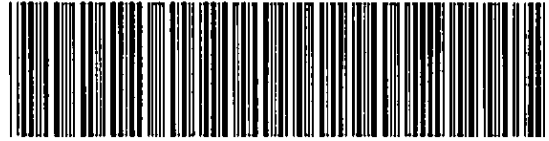
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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N CULLIGAN

JUL 2 - 2020

Michael Alexander
983 SE Walters Terrace
Port St Lucie, FL. 34983
(561) 654-8183
Email / bill@whfinancial.net

To whom it may concern,

I applied for this LLC back in February of 2020. The check for \$125 was completed on 03/03/2020. After speaking with a representative on 06/24/2020. I was informed the application was incorrect and had been sent back. However the representative could not tell me when or where the application was sent back to, nor could they tell me the tracking number or PIN number.

I am resubmitting my application along with a copy of the completed check. I believe the correction has been made and the application is in good order.

I can be reached by phone or email if there is any other information that needs to be addressed.

Thank you,

A handwritten signature in black ink, appearing to read 'Michael Alexander', is written over a horizontal line.

Michael Alexander

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company is: Michael Alexander Art, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 850 NW Federal Highway, Suite 152, Stuart, Florida 34994 :

Principal Office Address:

Mailing Address:

850 NW Federal Highway

850 NW Federal Highway

Suite 152

Suite 152

Stuart, Florida 34994

Stuart, Florida 34994

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

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

Michael Alexander

983 SE Walters Terrace

Port St. Lucie, Florida 34983

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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 the Chapter 605, F.S.


Registered Agent's Signature

ARTICLE IV –Manager(s) or Managing (Member(s):

The name and address of each Manager is as follows:

Title

Name and Address:

Manager

Michael Alexander

983 SE Walters Terrace

Port St. Lucie, Florida 34983

Manager

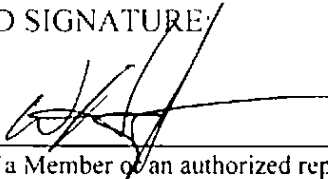
William Hazlett

3524 NW Stoney Creek Avenue

Jensen Beach, Florida 34957

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE



Signature of a Member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties that the facts stated are true). I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.155.F.S.).

William Hazlett

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FL

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