

5/16/22, 2:47 PM

Division of Corporations

L22000174359308

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000174359 3)))



H220001743593ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CONTACT@INTERSTATEFILINGS.COM

CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY 17 AM 8:32

FILED

FLORIDA LIMITED LIABILITY CO.

ALEXANDI LLC

RECEIVED
2022 MAY 17 PM 2:02
CORPORATIONS
COMMERCIAL
SERVICES

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

5/17/2022 9:23:26 AM PAGE 1/001 Fax Server



May 17, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INTERSTATE FILINGS LLC

SUBJECT: ALEX&I LLC
REF: W22000063286

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000145529.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon FAX Aud. #: H22000174359
Regulatory Specialist II Supervisor Letter Number: 722A00011193
New Filing Section

FILED
2022 MAY 17 AM 8:33
CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

(((H22000174359 3)))

DocuSign Envelope ID: 6FF89F19-2329-4CE2-BED4-005E751F0274

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALEXANDI LLC

(Must end with the words "Limited Liability Company," "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:3050 BISCAYNE, BLVD., SUITE 5033050 BISCAYNE, BLVD., SUITE 503MIAMI, FL 33137MIAMI, FL 33137

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:

ISRAEL STERN

Name

3050 BISCAYNE, BLVD., SUITE 503Florida street address (P.O. Box NOT acceptable)MIAMIFL33137

City

State

Zip

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..

DocuSigned by:

6190027E4B5C483

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
 2022 MAY 17 AM 8:33
 CABLE AND/OR VIDEO
 FRANCHISING
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

(((H22000174359 3)))

DocuSign Envelope ID: 6FF89F19-2329-4CE2-BED4-005E751F0274

(((H22000174359 3)))

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager


MGRM**Name and Address:**ALEX SILBER3050 BISCAYNE BLVD SUITE 503MIAMI, FL 33137MGRMISRAEL STERN3050 BISCAYNE BLVD SUITE 503MIAMI, FL 33137

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records**ARTICLE VI:** Other provisions, if any**REQUIRED SIGNATURE:**

DocuSigned by:

 406004 / L585C493

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
 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 s.817.155, F.S.

ISRAEL STERN

Typed or printed name of signer

FILED
 2022 MAY 17 AM 8:33
 CLERK AND/OR VIDEO
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

(((H22000174359 3)))