

**CORRECTED PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE 5/18/22**

## Florida Department of State

Division of Corporations

Electronic Filings Cover Sheet

Note: Please print and use the cover sheet type the tax audit number  
(shown below) on the top and bottom of all pages of the document.

(((H22000186135 3)))



H220001861353ABC

**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 : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO.

## ALEXANDRA INVESTMENTS GROUP LLC

**CORRECTED PLEASE GIVE  
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DATE AS FILE DATE  
5/18/22**

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**Leslie Sellers**

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**From:** faxfinder@capitol-services.com  
**Sent:** Tuesday, May 24, 2022 3:38 PM  
**To:** Leslie Sellers  
**Subject:** FaxFinder Fax Notification: Successfully sent fax to 850-617-6381  
**Attachments:** fax\_outbound\_850-617-6381\_20220524\_143738\_00005D57-0000.pdf

Create Time: 05/24/2022 02:31:09 PM

Schedule Time: 05/24/2022 02:37:38 PM

State: sent

Schedule Message: Successfully sent fax

Hangup code: 0

Try #: 1

Username: admin

Sender name: Leslie Sellers

Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.

Subject: H22000177616 \*CORRECTED\*

Max tries: 5

Try interval: 600

Priority: 3

Pages: 6

Recipient fax: 850-617-6381

Recipient phone:

Recipient name:

Recipient org: FL SOS

Use cover page: true

Receipt: always

Print receipt: never

Print receipt printer:

Print receipt first page: false

Fax Page Size: auto

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TALLAHASSEE, FLORIDA

850-617-6381

5/18/2022 7:22:13 PM PAGE 1/001 Fax Server



May 18, 2022

CAPITOL SERVICES

SUBJECT: TAJ LTD LLC  
REF: W22000065269FLORIDA DEPARTMENT OF STATE  
Division of CorporationsCABLE AND/OR VIDEO  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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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 of the entity cannot include "LTD." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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 L00000010513.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tammi Cline  
Regulatory Specialist II Supervisor

FAX Aud. #: H22000177616  
Letter Number: 422A00011401



May 24, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITOL SERVICES

SUBJECT: TAJ INVESTMENTS LLC  
REF: W22000065269

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L18000211418.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tammi Cline FAX Aud. #: H22000177616  
Regulatory Specialist II Supervisor Letter Number: 322A00011843

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H22000186135

**COVER LETTER**

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

**SUBJECT: Alexandra Investments Group 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:

**Jacob Hadeed**

Name of Person

Firm/Company

1675 VILLAGE CENTER DRIVE

Address

LAKELAND FL 33803

City/State and Zip Code  
doctorhadeed@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Jacob Hadeed**      **786**      **6585342**  
Name of Person      at (      )      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Alexandra Investments Group LLC

(Must contain 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:**1675 VILLAGE  
CENTER DRIVE  
LAKELAND, 33803**Mailing Address:**1675 VILLAGE  
Center Drive  
LAKELAND 33803**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:

Jacob HadeedName1675 VILLAGE CENTER DRIVEFlorida street address (P.O. Box **NOT** acceptable)LAKELANDFLORIDA33803CityStateZip

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..

Done/Signed by:

Jacob Hadeed

CREATED BY: 0000

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

DIR

**Name and Address:**

Jacob Hadeed

1675 VILLAGE CENTER DRIVE, LAKE LAND 33803

(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:

Jacob Hadeed

CEBA041CF8E73440

**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.

Jacob Hadeed

Typed or printed name of signee

**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)

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