

L2200387965

Florida Department of State
Division of Corporations
Electronic Filing (Cover Sheet)

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.

(((H22000295355 3)))



H220002953553ABC0

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 : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : I20070000019
Phone : (518)689-1212
Fax Number : (518)432-0742

2022 AUG 30 PM 1:04
FILED
Division of Corporations
Florida Department of State

****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.
ALJER LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2022 Sep -9 PM 1:59
FILED
Division of Corporations
Florida Department of State

*****THIS ORDER WAS FIST FAXED ON 8/30/22 I HAVE NOT RECEIVED ANYTHING BACK AT ALL. AFTER SPEAKING WITH A SUPERVISOR AT YOUR OFFICE I WAS DIRECTED TO RE-FAX THIS ORDER IN.*****

*****I REQUEST THAT THE ORIGINAL SUBMISSION DATE OF 8/30/2022 BE FILED. THANK YOU.*****

Electronic Filing Menu Corporate Filing Menu Help

3

Articles of Organization *for* *Florida Limited Liability Company*

ARTICLE I NAME

The name of the Limited Liability Company is: **ALJER LLC**

ARTICLE II ADDRESS

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

Principal Office Address: **640 NE FRANCESCA LN, BOCA RATON, FL 33487**

Mailing Address: **640 NE FRANCESCA LN, BOCA RATON, FL 33487**

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

ALAN LUCKMAN, 640 NE FRANCESCA LN, BOCA RATON, FL 33487

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..

/s/ ALAN LUCKMAN

Registered Agent's Signature

(CONTINUED)

FILED
2022 AUG 30 PM 1:04
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF BOCA RATON

ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

ALAN LUCKMAN, Authorized Member, 640 NE FRANCESCA LN, BOCA RATON, FL 33487

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.

/s/ ALAN LUCKMAN

Authorized Member

FILED
2022 AUG 30 PM 1:04
ALAN LUCKMAN