# 122000373097

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(4.7)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400393526754

09/13/22--01007--004 \*\*125.00

2022 SEP 13 PM 11: 1

2022 SEP 13 AH 10: 15

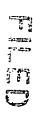
# COVERTETTER

COVER BETTER				
TO: New Filing Section Division of Corporations				
SUBJECT: Alex Mc Introduction 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:				
- Hexander Minture				
Name of Person				
Firm/Company				
4732 Dick Mitchell Drive				
Address				
Tallahassee, FL 32303				
City/State and Zip Code  Out a 39487844 (D) amail . Com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Alex Maintyne at 850, 524-6151				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
S125.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
Muiling Address Street Address				

## 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



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Fliex	McInture	LLC	
	(Must contain tl	ne words "Limited Liability Con-	pany, "L.L.C.," or "LLC.")	
TICLE II - Ade		s of the principal office of the L	imited Liability Company is:	

Principal Office Address:	Mailing Address:
UT37 Dick Mitchell Dr Tallarnsser EL 37303	Tallyhosse Fl 32303

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alexander MCIntyre

Name

4737 Dick mitchell Dr

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

Tallahassee FL 32303

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..

Alex ander McT Ature

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Flexanter Mentyle  1737 Tel mychell 147  Tallanesse Fi 32303
· 	
(Use attachment if necessary)	(OWEONAL)
he date of filing.)	e of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	molntine
Signature of a m This document is exect I am aware that any fals	ember or an authorized representative of a member.  Ited in accordance with section 605.0203 (1) (b). Florida Statutes, see information submitted in a document to the Department of State see fellony as provided for in s.\$17.155, F.S.
<u> </u>	Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)