

624000913258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

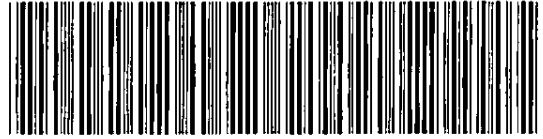
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1883 W. Royal Hunt Dr., Suite 200 Michaela Gregory, Legal Assistant
Cedar City, Utah 84720 michaela.gregory@kkoslawyers.com
Phone 435-586-9366
Fax 435-586-9491

September 1, 2024

Department of State
Division of Corporations
The Center of Tallahassee
2415 N. Monroe Street Suite 810
Tallahassee, FL 32303

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Organization for Aleksandr-James, LLC. Also enclosed is a check in the amount of \$125.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

A handwritten signature in black ink, appearing to read "MG", is written over a horizontal line.

Michaela Gregory
Legal Assistant

Enclosure

SEP 02 2024
FILE
14:25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aleksandr-James, 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:

Mailing Address:

4602 County Road 673, Unit 15183

2430 US-27, Suite 330-374

Bushnell, Florida 33513

Clermont, Florida 34714

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:

Sharon Bowers

Name

4602 County Road 673, Unit 15183

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

Bushnell

Florida

33513

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.

Dec. Signed by:

Sharon Bowers

REG-00057106-000

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF COURT
CLERK OF COURT

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Sharon Bowers

4602 County Road 673, Unit 15183

Bushnell, Florida 33513

MGR

Mark Bowers

4602 County Road 673, Unit 15183

Bushnell, Florida 33513

(Use attachment if necessary)

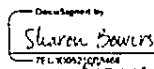
ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(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

78 LK0977272468

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.

Sharon Bowers

Typed or printed name of signer

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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SEP 20 2024
TAPYD

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Bushnell, Florida 33513

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Sharon Bowers

Name

4602 County Road 673, Unit 15183

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

{Bushnell}

Florida

33513

City

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- Dec uSigned by

Sharon Bowers

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION
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ARTICLE IV-

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Title:

Name and Address:

"AMBR" - Authorized Member

"MGR" - Manager

MGR

Sharon Bowers

4602 County Road 673, Unit 15183

Bushnell, Florida 33513

MGR

Mark Bowers

4602 County Road 673, Unit 15183

Bushnell, Florida 33513

(Use attachment if necessary)

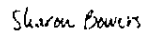
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ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by

71c3802c229544

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.
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Sharon Bowers

Typed or printed name of signee

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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\$ 5.00 Certificate of Status (Optional)

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DATE
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