M17000008751

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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September 28, 2017

ROBERT METZGER 3816 CUTLASS BAYOU NOKOMIS, FL 34275

SUBJECT: ALEXANDRA HOLDINGS, LLC

Ref. Number: W17000077450

We have received your document for ALEXANDRA HOLDINGS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is A10000000792.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 617A00019674

COVER LETTER

TO:	Registration of	on Section Corporation	s							
SUBJE		ANDRA HOL	DINGS, LLC							
			Name of I	imited Liability (Company					
						nsact Business in Florida," Cert company to transact business it				
Please r	eturn all con	respondence co	oncerning this matter to the	following:						
	R	OBERT MET	YGER							
	_		Na	me of Person						
	Λ	LEXANDRA	HOLDINGS, LLC							
	Firm/Company									
	3816 CUTLASS BAYOU									
	Address									
	N	OKOMIS. FL	34275							
			City/St	ate and Zip Code						
	rob	ertmet@gmail.	com							
	-		E-mail address: (to be used	for future annual	report noti	fication)				
For furt	her informat	ion concerning	this matter, please call:							
	ROBERT	METZGER		781 at (718-162	1				
		Name of	Contact Person	Area Code	Dayt	time Telephone Number				
		327			Division of Registration Clifton Bt 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301				
Enclose	d is a check ☐ \$125.00	for the following Filing Fee	ng amount: \$\begin{align*} \begin{align*} a	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	ate			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BLISINESS. IN THE STATE OF FLORIDA:

METALEX If name unavailable, criter alternate han NORTH CAROLINA	mited Liability Company; must in L C C ne adopted for the purpose of transactin th foreign limited liability company is of (Date first transacted business in Fl	ng business in Florida. T	The alternate name must include "Lim		
Morth Carolina Ourisdiction under the law of which AUGUST 28, 2017 3816 CUTLASS BAYO	the adopted for the purpose of transacting the foreign limited liability company is of the first transacted business in Fig.		64 2111740	nited Liability Company," "	
NORTH CAROLINA (Jurisdiction under the law of which AUGUST 28, 2017 3816 CUTLASS BAYO	th foreign limited liability company is of		64 2111740	med Liabinty Company,	
(Jurisdiction under the law of whice AUGUST 28, 2017 3816 CUTLASS BAYO	(Date first transacted business in F	rganized)			INDIC. OF LLC.)
3816 CUTLASS BAYO	(Date first transacted business in FI		J	El number, if applicable)	
3816 CUTLASS BAYO	(Date first transacted business in Fl				9 1
_	(See sections 605,0904 & 605,090)	lorida, if prior to registr	ation.)		154 B
		a, r.a. to determine per	6. 3816 CUTLASS BAY	VOLL	
				ing Address)	~~~
NOKOMIS			NOKOMIS		至
FL 34275			FL 34275	<u> </u>	
					17 OCT 12 AH 11: 40
Name and street address	of Florida registered agent:	: (P.O. Box <u>NC</u>	<u>OT</u> acceptable)		* .
Name:	ROBERT METZGER				
Office Address:	3816 CUTLASS BAYOU				
	NOKOMIS	** ***********************************	74274	5	
		City)	, Florida <u>3427</u> 5	(Zîn code)	
esignated in this application of the comply with the provision	ince: istered agent and to accept on, I hereby accept the app ns of all statutes relative to of my position as registered	pointment as reg o the proper and	ess for the above stated li ristered agent and agree t	mited liability com to act in this capac	ity. I further ag
signated in this applicati comply with the provision ad accept the obligations	istered agent and to accept on, I hereby accept the app ns of all statutes relative to of my position as registered ROBERT METZGER	pointment as reg the proper and d agent.	ess for the above stated li gistered agent and agree t complete performance o	mited liability com to act in this capac	ity. I further ag
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Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

ALEXANDRA HOLDINGS, L.L.C.

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 5th day of October, 1998, with its period of duration being DEC 2050.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

Certification# 100874751-1 Reference# 13926377- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of July, 2017.

Elaine I Marshall

Secretary of State