

124000314152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Algafi, LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



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_____	Art of Inc. File _____
_____	UTD Partnership File _____
_____	Foreign Corp. File _____
_____	L.C. File _____
_____	Fictitious Name File _____
_____	Trade/Service Mark _____
_____	Merger File _____
_____	Art. of Amend. File _____
_____	RA Resignation _____
_____	Dissolution / Withdrawal _____
_____	Annual Report / Reinstatement _____
_____	Cert. Copy _____
_____	Photo Copy _____
_____	Certificate of Good Standing _____
_____	Certificate of Status _____
_____	Certificate of Fictitious Name _____
_____	Corp Record Search _____
_____	Officer Search _____
_____	Fictitious Search _____
_____	Fictitious Owner Search _____
_____	Vehicle Search _____
_____	Driving Record _____
_____	UCC 1 or 3 File _____
_____	UCC 11 Search _____
_____	UCC 11 Retrieval _____
_____	Courier _____

Signature

Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ALGAFI, 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:

ALBERT J. FRAGA

Name of Person

Firm/Company

2600 S. DOUGLAS ROAD, SUITE 610

Address

CORAL GABLES, FL 33134

City/State and Zip Code

KENIA@FRAGAPROPERTIES.COM

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

For further information concerning this matter, please call:

KENIA REVELES	305	441-6633 EXT. 14
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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:

ALGAFI, 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:

2600 S. DOUGLAS ROAD, SUITE 610  
CORAL GABLES, FL 33134

2600 S. DOUGLAS ROAD, SUITE 610  
CORAL GABLES, FL 33134

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:

ALBERT J. FRAGA

Name

2600 S. DOUGLAS ROAD, SUITE 610

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

CORAL GABLES

FL

33134

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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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

MGR

**Name and Address:**

ALBERT J. FRAGA  
2600 S. DOUGLAS ROAD, SUITE 610  
CORAL GABLES, FL 33134

(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:**

  
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.

ALBERT J. FRAGA

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)