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,	To:	23 <sup>1</sup>	- <u>.</u> 2	
	Division of Corporations	=	3	
	Fax Number : (850)617-6381	*	9001 OCT	
	From:	· ·		
	Account Name : EXPRESS CORPORATE FILING SERVICE INC.	5	8	
	Account Number : I20000000146	<i>(,</i>	70	
	Phone : (305)444-4994	ı	<u> </u>	
	Fax Number : (305)444-4977	į -	PH 12:	ť
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	**Enter the email address for this business entity to be used for	future	10	
$\ddot{c}$	annual report mailings. Enter only one email address please	. * *		
	Email Address:	<u> </u>		
<u>ر</u>				
,,	FLORIDA LIMITED LIABILITY CO.			
-	REVSHREDILC			

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
REYSHRED LLC		
	- 0 47 7 0 N 45 1 0 W	_
(Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principal office of	of the Limited Lightlity Company is:	
the maning address and shoet address of the principal office of	n the Bittined Blacking Company is.	
Principal Office Address:	Mailing Address:	
7101 SW 78th CT	7101 SW 78th CT	
MIAMI, FL 33143	MIAMI, FL 33143	_
——————————————————————————————————————	<del>10</del>	
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent	t are:	30
RAFAEL GERARDO REV	<i>(</i>	
Narr	ie	コートコ
7101 SW 78th CT		::

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..

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

From: Yanet Avila

AMBR  RAFAEL GERARDO REY  7101 SW 78th CT  MIAMI. FL 33143   (Use attachment if necessary)  (OPTIONAL)  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not imment's effective date on the Department of State's records.	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	-	7101 SW 78th CT
(Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 d of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be inserted attended on the Department of State's records.		
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:		
LE V: Effective date, if other than the date of filing:		
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	LE V: Effective date, if other than the ffective date is listed, the date must e of filing.)  If the date inserted in this block does ument's effective date on the Depart	be specific and cannot be more than five business days prior to or so not meet the applicable statutory filing requirements, this date will n
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 5.817.155, F.S.	CLE V: Effective date, if other than the effective date is listed, the date must e of filing.)  If the date inserted in this block document's effective date on the Department's effective date on the Department's Other provisions, if any.  REOUIRED SIGNATURE:  Signature of This document is I am aware that an	the date of filing:

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)