# Resultion section Contraction Contraction

To Whom It May Concern:

Enclosed you will find our application to create a Limited Liability Company. We had previously sent in this application to the division of corporations in error. That division is still holding our check for \$131.25 (One hundred and thirty one dollars and twenty-five cents). By obtaining that check and adding the enclosed check for \$28.75 (twenty eight and seventy-five cents) you will have the correct total to process our application of \$160.00 (one hundred and sixty dollars).

If you have any further questions be do not hesitate to call me.

Thank you

Tony Bonitatibus 561-391-1411

400003182344--2 -03/03/00--01095--011 \*\*\*\*131.25 \*\*\*\*131.25

400003182344--2 -03/23/00--01128--018 \*\*\*\*\*28.75 \*\*\*\*\*28.75

W-8072 TALLAHASSEE FLORID

#### TRANSMITTAL LETTER

Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 32314			A CONTROL OF THE PROPERTY OF T			
SUBJECT: G	2R, V.V.C. (Proposed corpora	ate name - must include suff	ix)			
_	and one(1) copy of the articles		heck for: \$\frac{1}{2} \frac{1}{2} \frac{1}{2}			
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy  ADDITIONAL COI	Signature Signat			
FROM: Name (Printed or typed)						
	BOCA RATION, FL 3.	ddreec				
	(541) 347-7421	elephone number	onmod bealth?			
			5 Should be			

NOTE: Please provide the original and one copy of the articles.

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

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7 1000 Tony Bonitatibus 561-391-1411

Mitch Riller durie Or.W. 1719 Hollondurie Or.W. Brig Raton, FL 33433 TALLAHASSEE FLORIDA

W-8072



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 27, 2000

TONY BONITATIBUS % MITCH RIPPE 6719 HOLLANDAISE DR. W. BOCA RATON, FL 33433

SUBJECT: G2R, LLC

Ref. Number: W00000008072

We have received your document for G2R, LLC and your check(s) totaling \$28.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It is unclear if the name above is the name of the LLC you are trying to file. Please complete sections 1 and 2 of your articles. It is also unclear what you originally submitted. Please provide a copy of our original reject letter so that we can connect any previously-submitted money to this filing.

Please note that your cover letter did not list an address, and your articles listed no mailing address, so we are mailing this to the return address listed on your envelope.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 600A00016763

00 HAY 10 PH 3: 1

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find the corrected Articles of Organiztion for Florida LLC. Also enclosed is a copy of your notice stating that you were in receipt of our check for \$28.75. Please contact Bobby Cox in the Division of Corporations to locate the remaining \$131.25 that we paid. This total of \$160.00 is the entire amount due for our filing fees.

Thank you

Mitch Rippe



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TIC	LE I	- Na	me

The name of the Limited Liability Company is:

6 62R, LLC,

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

6719 HOWANDAIRE DRIVE WEST BOCK RATION, Fr 33432

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

MACLYN SUE RIPPE				
Name				
6719 HOWANDAIDE DENE WEST				
Florida street address (P.O. Box NOT acceptable)				
Roca RAYON FL 83/32				
City, State, and 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 608, F.S..

Arricle IV - Management (Check box if applicable.)

 $\square$  The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

> (An additional article must be added if an effective date is requested) Signature of a momber or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee

> > Fling Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)