

# LO100000 20705

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

11/20  
100004692741--3  
-11/26/01--01035--012  
\*\*\*160.00 \*\*\*160.00

SUBJECT:

RETURN 2 ME L.L.C.  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

**RMH**

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30.  
Please send one check for the total amount made payable to the Florida Department of State.

FROM:

Aaron Milliman  
Name (Printed or typed)

527 Bristol Drive  
Address

Altamonte Springs, FL 32714  
City, State & Zip

(407) 682-4136  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV 26 AM 10:19

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

*Return 2 me L.L.C.*

ARTICLE II - Address:

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

*527 Bristol Drive  
Altamonte Springs, FL 32714*

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

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

*Aaron Millman*  
Name

*527 Bristol Drive*  
Florida street address (P.O. Box NOT acceptable)  
*Altamonte Springs FL 32714*  
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.*

*Aaron Millman*  
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

*Aaron Millman*  
Signature of a member 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.)

*Aaron Millman*  
Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA