

L030000009618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

3/18 [Signature]

Office Use Only



100014066011

03/17/03--01091--002 **125.00

FILED
03 MAR 17 AM 10:33
TALLAHASSEE, FLORIDA

Rexford Samson, LLC
400 Ocean Road # 176, Vero Beach, FL 32963
(973) 691-7420

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Organization

To Whom It May Concern:

The above address and phone number should be used to contact us if you have any questions on our form. Thank you for your help in getting our new company set up!

Sincerely,

William A. Grywalski

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAR 17 AM 10:33

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Rexford Samson LLC

ARTICLE II - Address:

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

400 Ocean Road #176
Vero Beach, FL 32963

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

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

William A. Grywalski
Name
400 Ocean Road #176
Florida street address (P.O. Box **NOT** acceptable)
Vero Beach FL 32963
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAR 17 AM 10:30

FILED

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.

Wm A Grywalski
Registered Agent's Signature

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

Wm A Grywalski
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.)

William A. Grywalski
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)