

L030000 54018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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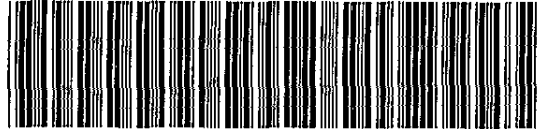
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

Is

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OTTO Ream 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:

OTTO Ream  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

134 WILDFLOWER LN  
(Address)

Crawfordville FL 32327  
(City/State and Zip Code)

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For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person) at (850) 9268689  
(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: OTTO REAM LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

134 WILD FLOWER LN  
CRAWFORDVILLE FL  
32327

**Mailing Address:**

SAME

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

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

OTTO REAM  
Name

134 WILD FLOWER LN  
Florida street address (P.O. Box **NOT** acceptable)  
CRAWFORDVILLE FL 32327  
City, State, and Zip

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*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..*

  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

OTTO REAM  
134 WILD FLOWER LN  
CRAWFORDVILLE FL 32307

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(Use attachment if necessary)

*EFFECTIVE 1-1-04*

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

*Otto Ream*  
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.)

*OTTO REAM*  
Typed or printed name of signee

**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)