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(Req	uestor's Name)	
(Addi	ess)	
(Addı	ress)	
(City/	State/Zip/Phone	#)
PICK-UP	☐ WAIT	Mail
(Business Entity Name)		
(Docu	ument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Fil	ling Officer:	lC
cc-	t cus	

Office Use Only



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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mario F. Reyes, "L.L.C."  (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:
Mario F. Reyes
(Name of Person)
Mario F. Reves. "L.L.C." (Firm/Company)
4715 North Rome Avenue
(Address)
Tampa, Florida 33603
(City/State and Zip Code)
For further information concerning this matter, please call:
Mario F. Reyes at 813 598-7104
(Name of Person) (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:	îs:
Mario F. Reyes, L.L.C.	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4715 North Rome Avenue	4715 North Rome Avenue
Tampa, FL 33603	Tampa, FL 33603
The name and the Florida street address of the  Mario F. Reves  Nam  4715 North Rom	O3 DEC 30 I
Tampa	FLORIDA 33603
City, State	e, 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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member <u>Mario F. Reves</u> MGRM (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.

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)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

Mario F. Reyes

that the facts stated herein are true.)