

LO4 00000 7973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

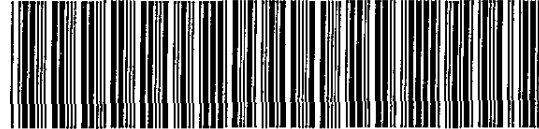
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000027516670

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JAN 23 PM 1:42

FILED

01/26/04--01032--012 **125.00

LO4-7973
AR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R & R Enterprises, 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:

Nicki Reining
(Name of Person)

R & R Enterprises
(Firm/Company)

4659 Wydham Lane
(Address)

Orlando, FL 32812
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 23 PM 1:42

FILED

For further information concerning this matter, please call:

Nicki Reining at (407) 273-4783
(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 is:

R & R Enterprises, 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:

4659 Wydham Ln
Orlando, FL
32812

Mailing Address:

4659 Wydham Ln
Orlando, FL
32812

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

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

Nicki Reining
Name
4659 Wydham Ln
Florida street address (P.O. Box **NOT** acceptable)
Orlando FLORIDA 32812
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 23 PM 1:42

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, Florida Statutes.

Nicki Reining
Registered Agent's Signature

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

Nicki Reining
4659 Wyndham Ln
Orlando, FL 32812

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Nicki Reining
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.)

Nicki Reining
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 23 PM 1:43

FILED

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)