

L040 000 39416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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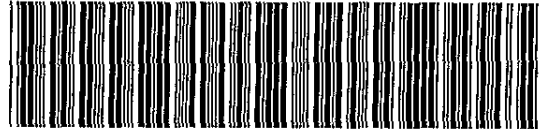
(Business Entity Name)

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SECURITY DIVISION
TALLAHASSEE, FLORIDA

5-2504

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tony S Reno, 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:

Tony S Reno

(Name of Person)

Tony S Reno, LLC

(Firm/Company)

712 Westminster Boulevard

(Address)

Oldsmar, FL 34677

(City/State and Zip Code)

For further information concerning this matter, please call:

Tony S Reno

(Name of Person)

at (727) 243-9096

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tony S Reno, LLC

ARTICLE II - Address:

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

Principal Office Address:

Tony S Reno, LLC

712 Westminster Boulevard

Oldsmar, Florida 34677

Mailing Address:

Mr. Tony S Reno

712 Westminster Boulevard

Oldsmar, Florida 34677

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

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

Tony S Reno

Name

712 Westminster Boulevard

Florida street address (P.O. Box **NOT** acceptable)

Oldsmar,

FLORIDA 34677

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, Florida Statutes..



Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

Tony S Reno,

712 Westminster Boulevard

Oldsmar, Florida 34677

(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.

(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.)

Tony S Reno

Typed or printed name of signee

04 MAY 18 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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)