

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

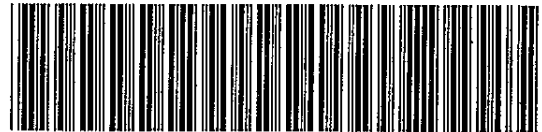
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Document	DCC
Doc. Verifier	Office
P. Verifier	DCC
Doc. Verifier	DCC
Doc. Acknowledgement	DCC
P. Verifier	DCC



800041200618

09/24/04--01030--020 **155.00

FILED
2004 SEP 24 A 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Remiyo Framers 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:

Omar Chavarria
(Name of Person)

Remiyo Framers
(Firm/Company)

PO Box 6688
(Address)

Miramar Beach FL 32550
(City/State and Zip Code)

For further information concerning this matter, please call:

Omar Chavarria at (678) 725-8238
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP 24 AM 11

FILED

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:

Remiyo Framers LLC

ARTICLE II - Address:

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

Principal Office Address:

187 Bryn Mawr Blvd.
Manly Esther FL 32569

Mailing Address:

PO Box 6688
Miramar Beach FL
32550

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

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

Remiyo Framers
Name
187 Bryn Mawr Blvd
Florida street address (P.O. Box **NOT** acceptable)
Manly Esther FL 32569
City, State, and Zip

FILED
2009 SEP 24 A 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

MGR / owner

Name and Address:

Omar Chavarria
PO Box 16688
Miramar Beach, FL 32550


(Use attachment if necessary)

2009 SEP 24 A 10:17
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

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.)

Omar Chavarria

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)