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(Address)

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(Business Entity Name)

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105-51997
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EFFECTIVE DATE
5-20-05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RE Partners, 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:

Leticia Morales
(Name of Person)

RE Partners, LLC
(Firm/Company)

P.O. Box 540806
(Address)

Lake Worth, FL 33454-0806
(City/State and Zip Code)

For further information concerning this matter, please call:

Leticia Morales at (561) 868-7716
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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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JUN 11 10 PM 2:23
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

RE Partners, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

P.O. Box 540806

P.O. Box 540806

Lake Worth, FL 33454-0806

Lake Worth, FL 33454-0806

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

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

Jason S. Rudolph, Esq.

Name

10800 Biscayne Boulevard, Suite 580

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

Miami FLORIDA 33161

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

EFFECTIVE DATE
5-20-05

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9 PM 2:23

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:

Manager

Leticia Morales

P.O. Box 540806

Lake Worth, FL 33454-0806

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Leticia Morales

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.)

Leticia Morales

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)

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2005 MAY 19 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V - Effective Date

I would like to request an effective date of May 20, 2005
for RE Partners, LLC.

Thank you.

Leticia Morales
P.O. Box 540806
Lake Worth, FL 33454-0806

2005 MAY 19 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FL 32310

FILED