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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	=#)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO:	Registration Se Division of Cor			
SUBJE	CT: Rebvarne	er LLC	d Liability Company)	
The end	closed Articles of	Organization and fee(s) are s	submitted for filing.	
		ondence concerning this matter	_	
	Brian E.		N (Paris)	
		(Name of Person)	
Katz,	Look & Moison			
		(Firm/Company)	
	1120 Lincoln	Street, Suite 1100		
			(Address)	
	Denve	er, Colorado 80203		
		(City	/State and Zip Code)	
For furt	her information o	concerning this matter, please	call:	
Brian E	. Onorato		at (303) 832-1900	
	(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclose	ed is a check for	r the following amount:		
3 \$125.	00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio 409 E.	ET ADDRESS: ation Section on of Corporations Gaines Street ussee, Florida 32399	MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	y is:		
Rebvarner LLC			
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liabilit	y Company	y is:
Principal Office Address:	Mailing Address:		
17118 East Dorado Circle	17118 East Dorado Circle		
Centennial, Colorado 80015	Centennial, Colorado 80015		
		_ 	
ARTICLE III - Registered Agent, Regist	tered Office, & Registered Agent's Sign		<u> </u>
The name and the Florida street address of	the registered agent are:	05 JUL 14 AM11: 34	SECR
Mike Simpson			SEA.
<i>N</i>	Name	•	COR
280 Avenue A.N.W.		至	공유 유
Florida stre	et address (P.O. Box NOT acceptable)		PATE AT A
Winter Haven	FL	F	SKO
City, S	tate, and Zip		
registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby accept the app	pointment a provisions o iliar with a	s of all nd

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Roger L. Nakata	
	17118 East Dorado Circle	
	Centennial, Colorado 80015	
MGR	Barbara J. Nakata	
	17118 East Dorado Circle	
	Centennial, Colorado 80015	
		_

(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.)

Brian E. Onorato Attorney

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)