

W05000084005

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000203376 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 AUG 24 AM 8:19

FILED

To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

DIVISION OF CORPORATION

05 AUG 24 PM 2:14

RECEIVED

LIMITED LIABILITY COMPANY

reyherd enterprises llc

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

M. Thomas AUG 25 2005

H05 000203376

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Reyherd Enterprises LLC

**Article II - Address:**

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

**Principal Office Address:**

7290 Stirling Rd - 206

Davie - FL - 33024

**Mailing Address:**

P.O. Box 840834

Pembroke Pines - FL - 33027

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

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

Rafael Morales  
Name

7290 Stirling Rd - 206  
Florida street address (P.O. Box NOT acceptable)

Davie - FL - 33024  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 AUG 24 AM 8:19

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, F.S..

  
Registered Agent's Signature

H05000203376

H05000203376

**ARTICLE IV - Management / Member(s):**  
The name(s) and address(es) of each Manager or Managing Member is as follows"

**TITLE:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGR

Rafael Morales 50%  
7270 Stirling rd - 206  
Davie - FL - 33024

MGRM

Naomi Perez 50%  
7270 Stirling rd - 206  
Davie - FL - 33024

(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.)

Rafael Morales

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 AUG 24 AM 8:19

FILED

H05000203376