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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Reef Tide 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:
Robert D. Costello (Name of Person)  (Firm/Company)
(Firm/Company)
The Landings - Unit 11B
(Address)
Key Largo, FL 33037
Key Largo, FL 33037 (City/State and Zip Code)
For further information concerning this matter, please call:
Hobert D. Costello at 305 367-3231  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \$\ \ext{Certified Copy (additional copy is enclosed)} \$\ Certified Copy (additional co
Mailing Address Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Reef Tide, LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Production of the second of th
Principal Office Address:  Mailing Address:
Principal Office Address:  Wailing Address:  Walling Address:  The Londing S-Unit 118  Key Lango, FL 33037  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature Ag
The Landings-Unit 118 The Landings-Unit 1183
Key Lango, FL 33037 Key Lango, FL 33037 9 =
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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
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The name and the Florida street address of the registered agent are:
Robert D. Costello
Name
- A ' A '
The Landings - Unit 1113
Florida street address (P.O. Box NOT acceptable)
Key Largo # 33037
City State and Zin

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 (REQUIRED)

(CONTINUED) Page 1 of 2 ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	<b>\( \)</b>
MGRM	Robert Costello The Landwigs - Unit 118
	Key Lango, FL 33037
MGRM	Jeffrey Brown P.O. Box 3829
	Jackson, wy 83001
MGR	J. William Costello
	Lebonon, CT OGJ49
	ALLAM OF DEC
(Use attachment if necessary)	AH IO:
RTICLE V: Effective date, if other than the d	late of filing: ) Onuery 1,2007(OP BONALS
an effective date is listed, the date must be or 90 days after the date of filing.)	specific and cannot be moré than five business days prior

**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.)

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)