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SECRETARY OF STATE

# **COVER LETTER**

10:	Division of Co						
SUBJE	<sub>ct:</sub> Rease	e Enterprises, " LL	C"				
		(Name of Limited	d Liabil	ity Con	npany)		
The end	losed Articles o	f Organization and fee(s) are so	ubmitte	d for fil	ing.		
Please r	eturn all corresp	ondence concerning this matte	er to the	followi	ng:		
_	Samuel	Reasee II					
•		Q	Name of	Person)			
		***************************************					
		(	Firm/Co	mpany)			
	3156 No	orthwest 69th Str					
			(Add	ess)			
-	Fort La	uderdale, Florida					
		(City)	/State an	a zip Co	oge)		
For furt	her information	concerning this matter, please	call:				
Ellen	Mills Gibb	os	at ( 9)	54	, 270-1	19	2
		of Person)	. 44. (	(Area C	ode & Daytime	Tel	2 ephone Number)
Enclose	ed is a check fo	or the following amount:					
\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certi	fied Co	Filing Fee & opy opy is enclosed)	;	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registr Division Clifton 2661 E	Courier Addration Section of Corporat Building executive Centassee, FL 3230	ion er (	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	E I -	Name:
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The name of the Limited Liability Company is:

Reasee Enterprises," 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:

# **Principal Office Address:**

Mailing Address:

3156 Northwest 69th Street

Fort Lauderdale, Florida 33309

3156 Northwest 69th Street

Fort Lauderdale, Florida 33309

# 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.)

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

Samuel Reasee II

Name

3156 Northwest 69th Street

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

Fort Lauderdale, Florida 33309

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 2007 MAR 12 PM 12: 44
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# 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 "MGRM" = Managing Member	Name and Address:	
Manager	Samuel Reasee II 3156 Northwest 69th Street Fort Lauderdale, Florida 33309	;
		1955 1 <u>20. u</u>
		· · · · · - ·
(Use attachment if necessary)		gr ve ±
ARTICLE V: Effective date, if other than the	date of filing: (OPTION e specific and cannot be more than five business d	NAL) lays prior

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.)

Samuel Reasee II

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)

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