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(Re	questor's Name)	
(Ad	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doe	cument Number)	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: Reinos	o Capital LLC	d Liability Company)	·····
•	(Name of Limited	a Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	,
Please return all corresp	ondence concerning this matte	r to the following:	
•	_	-	
Allison E. F		Name of Person)	
	,,		
Reinoso Ca	·		
	(Firm/Company)	
10779 Lak	e Wynds Court		
		(Address)	2 7AL
Boynton B	each, FL 33437		007 V LAH
	(City	State and Zip Code)	HE WAR
For further information	concerning this matter, please	call:	4 P
Allison E. Reinos	30	at (203) 650-359	95 PATE #
(Name	of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for	or 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Reinoso Capital LLC	
Kemoso Capital ELO	
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	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10779 Lake Wynds Court	10779 Lake Wynds Court
Boynton Beach, FL 33437	Boynton Beach, FL 33437
ARTICLE III - Registered Agent, Regist	ered Office. & Registered Agent's Signature:

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:

MGR	Allison E. Reinoso	
	10779 Lake Wynds Court	
	Boynton Beach, FL 33437	
	nativativa e e e e e e e e e e e e e e e e e e e	
		
		AR U
4100 1800 1800 1800 1800 1800 1800 1800		SR 1
		S C
(Use attachment if necessary)		2: 1 ORII
	1	A CONTRACTOR
CLE V: Effective date, if other than the effective date is listed, the date must I		
	e specific and cannot be more ti	ian five business days
0 days after the date of filing.)		

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.)

Allison E. Reinoso

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)