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COVER LETTER

TO: Registration Division of	Section Corporations				
SUBJECT: Reye	es Investments I, LLC (Name of Limite	ed Liability Company)			
The enclosed Article	s of Organization and fee(s) are s	submitted for filing.			
Please return all corr	espondence concerning this matt	er to the following:			
Marci Re					_
	* '	(Name of Person)			_
Reyes in	vestments I, LLC				
<u></u>	,	(Firm/Company)		_	- D
3117 W	Gray Street			07 J	SEC
		(Address)		JUN 22	- 불종 - 호텔
Tampa,	FL 33609				ARY O
	(City	//State and Zip Code)		Ξ	- ES
For further informati	on concerning this matter, please	call:		AH 11: 25	ATIONS
Marci Reyes		at (813) 417-158 (Area Code & Daytime To	7		
(Na	me of Person)	(Area Code & Daytime To	elephone Number)		
Enclosed is a check	for the following amount:				
\$125.00 Filing Fe	ce \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Statu Certified Copy (additional copy is enc	s &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the L	limited Liability Company i	s:	
Reyes Investment	ts I, LLC		
Must end with the word	ds "Limited Liability Company, "Lin	nited Company" or their abbreviation "LLC,	" or "L.C.,")
ARTICLE II - A		principal office of the Limited Li	ability Company is:
Principal Office	Address:	Mailing Address:	
3117 W Gray Street		3117 W Gray Street	
Гатра, FL 33609		Tampa, FL 33609	
The Limited Liability C business entity with an	Company cannot serve as its own Regardetive Florida registration.) Florida street address of the	ed Office, & Registered Agent's gistered Agent. You must designate an indiverse registered agent are:	Signature: OIVISION OF CONTROL SECRETARY OIVISION OF CONTROL OIVISION OIVISION OF CONTROL OIVISION OIVISIO
	Marci Reyes Nam	ne	
	3117 W Gray Street	address (P.O. Box <u>NOT</u> acceptable)	OF STATE OR STATE AH 11: 25
	Tampa	FL 33609	
	City, State	e, 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

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

Title:

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

Name and Address:

MGR	David H Reyes	
	3117 W Gray Street	
	Tampa, FL 33609	
MGR	Marci M Reyes	
	3117 W Gray Street	
	Tampa, FL 33609	
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		J
		2
		25
(Use attachment if necessary)		
CLE V: Effective date, if other than the		
CLE V: Effective date, if other than the effective date is listed, the date must be	date of filing: June 20, 2007 . (OPTION	
CLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE:	date of filing: June 20, 2007 . (OPTION	
CLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a membe (In accordance with sec	date of filing: June 20, 2007 e specific and cannot be more than five business described and cannot be more than five busines	

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)

Typed or printed name of signee