

L07000099549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

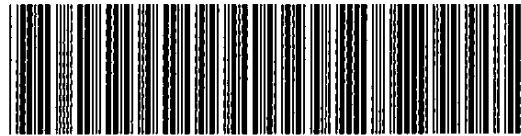
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300109168873

09/07/07--01015--010 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 28 AM 10:35

07-44523

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REC COMMUNICATIONS 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:

PABLO ALVAREZ

(Name of Person)

REC COMMUNICATIONS LLC

(Firm/Company)

11733 SW 107 TE

(Address)

MIAMI, FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

PABLO ALVAREZ

(Name of Person)

at (**786**) **326-5758**

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2007

PABLO ALVAREZ
11733 SE 107 TE
MIAMI, FL 33186

SUBJECT: CENTURY GARDENS 9100 LLC
Ref. Number: W07000044573

We have received your document for CENTURY GARDENS 9100 LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Operating Agreement's are NOT filed with this office. Please retain the operating agreement for your records.,

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Document Specialist
Registration/Qualification Section

Letter Number: 407A00053496

RECEIVED
07 SEP 28 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REC COMMUNICATIONS LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

11733 SW 107 TE

MIAMI, FL 33186

Mailing Address:

11733 SW 107 TE

MIAMI, FL 33186

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:

PABLO ALVAREZ

Name

11733 SW 107 TE

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

MIAMI, FL 33186

FL

City, State, and Zip

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 28 AM 10:35

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM _____

PABLO ALVAREZ _____

11733 SW 107 TE _____

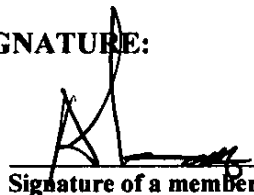
MIAMI, FL 33186 _____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/27/2007. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

PABLO ALVAREZ _____

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)