

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694 Fax Number: (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITE CO

OB APR 16 PM 1:30
SECRETARY OF STATE
TALLAHASSEF FLORIDA

reda properties, llc

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Certificate of Status		0	
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A. LUNT

APR 17 2008

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4/16/2008 9:07 PAGE 001/001 Florida Dept of State



April 16, 2008

FLORIDA DEPARTMENT OF STATE Division of Corporations

EMPIRE

SUBJECT: REDA PROPERTIES, LLC

REF: W08000019238

We received your electronically transmitted document. However, has document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II FAX Aud. #: H08000097195 Letter Number: 008A00022633

P.O BOX 6327-Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is: REDA PROPERTIOS, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: B 720
BOCA TEATON TE 33496
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
-
18720 CASSANDRA POUR LANG
18720 CASSANDRA FOUNT LANG
Florida surces address (P.O. Box 1907 seconnable) Giv, 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 cartificate, 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
Arpicle IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more manager and is.
therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
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 mated herein are true.)
Typed or printed name of signer

FILING FEES:
\$ 100.00 Filing For for Articles of Organization
\$ 25.00 Designation of Registered Agents
\$ 30.00 Certified Copy (OFFICIAL)
\$ 5.00 Certificate of Street (OFFICIAL)

HOSOODOOO

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The name and address of each Manager or Managing Member is as follows: Title:
"MGR" = Manager Name and Address "MORM" = Managing Member MGRM 8720 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: abor or an authorized representative of a member.

(injectoriance with section 608.408(3), Fforide Statutes, the execution of this document constitutes an affirmation under the possibles of perjury

6 your or printed page of signer

Filtra Foot:

\$725.60 Filing For far Affiches of Organization and Designation at Registered Agent \$ 30.00 Certified Copy (Optional)

that the facts stated berein are true.)

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

3 3.40 Certificate of fitting (Optional)

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