

L 080000 98741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

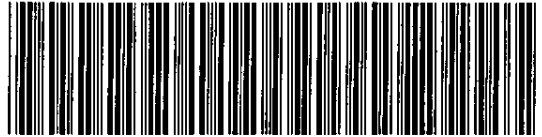
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

REKA LLC

Office Use Only



400136931514

10/17/08--01019--014 \*\*125.00

FILED

08 OCT 17 AM 9:15

CLERK OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 10/15/08

B. KOHR

OCT 21 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2008

HERRY REIN  
1877 WINGFIELD DRIVE  
LONGWOOD, FL 32779

SUBJECT: R AND K LLC  
Ref. Number: W08000048048

FILED  
08 OCT 17 AM 9:15  
SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

We have received your document for R AND K 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):

Please note that we have RETAINED your \$125.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return 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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 608A00054295

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

REKA LLC

(Name of Limited Liability Company)

EFFECTIVE DATE 10/15/08

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harry Rein

(Name of Person)

(Firm/Company)

1877 Wingfield Dr

(Address)

Longwood, FL 32779

(City/State and Zip Code)

For further information concerning this matter, please call:

Harry Rein

(Name of Person)

at

(407) 333-4444

(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

FILED  
OCT 17 AM 9:15  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 10/15/08

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

REKA 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:**

**Mailing Address:**

1877 Wingfield Dr.  
Longwood FL 32779

same

**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.)

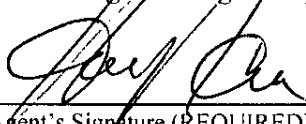
The name and the Florida street address of the registered agent are:

Harry Rein  
Name

1877 Wingfield Dr.  
Florida street address (P.O. Box **NOT** acceptable)

Longwood FL 32779  
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

**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:**

MGR

Harry Rein  
1877 Wingfield Dr  
Longwood FL 32779

MGRM

Andrew Katzman  
3090 Alarka Ct  
Longwood FL 32779

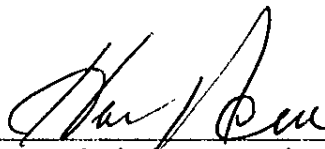
MGRM

Rhea Rein  
1877 Wingfield Dr  
Longwood FL 32779

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/15/08 (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.)

HARRY REIN

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)