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(Requestor's Name)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(2-3-11-2)		
(Document Number)		
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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

MAR - 6 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Reo Strateg LLC (Name of Limited Lighthry/Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Reo Strates
2311 Bougainvillec 57.
Sarasota F 3439 (City/State and Zip Code)
For further information concerning this matter, please call:  (Name of Person)  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  \$\sigma \text{\$\text{\$125.00 Filing Fee}} \ \sigma \text{\$\text{\$\$130.00 Filing Fee}} \ \text{\$\text{\$\$Certificate of Status}} \ \ \text{\$\text{\$\$Certified Copy}} \ \ \text{\$\text{(additional copy is enclosed)}} \ \ \text{\$\text{\$\$Certified Copy}} \ \ \text{\$\text{(additional copy is enclosed)}} \ \text{\$\text{\$\$}}
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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	SECIE SECIE	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:	
Principal Office Address:  2311 Boucanviller St Scrasofa, FT 74239	Mailing Address:	
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 re  Name  3//  Florida street addr  City, State, ar	ess (P.O. Box NOT acceptable)  FL 34239	
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S	

(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 MGRM" = Managing Member is as follows: MGRM" = Managing Member is as follows: MGRM" = Managing Member MGRM" = Managing Membe

**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.)

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)