

L090000051674

(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:

W09-23005

A. LUNT

MAY 28 2009

EXAMINER

Office Use Only



700155958567

05/14/09--01045--022 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY 27 PM 1:03

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2009

WILLIAM PIPES
8205 EAGLES PK DR. N.
ST. PETERSBURG, FL 33709

SUBJECT: R & B DISTRIBUTION, LLC
Ref. Number: W09000023005

We have received your document for R & B DISTRIBUTION, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

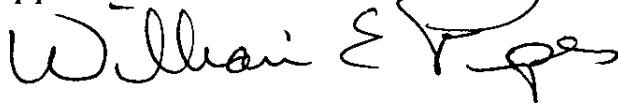
Letter Number: 509A00016645

Agnes Lunt
Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, Fl 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Ms. Lunt

I have enclosed completed application form for LLC. I reference
#W090000-23005 of denied previous application. Previous
application denied due to name. Thank you,



William E. Pipes

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: La Playa Beverages DOS, 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:

William E. Pipes
Name of Person
La Playa Beverages, DOS, LLC
Firm/Company
8205 Eagles Park Dr. North
Address
St. Petersburg, FL 33709
City/State and Zip Code
epipes1@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

William Pipes at (727) 546-0806
Name of Person 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)

Ref #
W090000-23005

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:

La Playa Beverages, DOS, 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:

8205 Eagles PK Dr. N.
St Petersburg, FL 33709

Mailing Address:

8205 Eagles PK Dr N.
St Petersburg, FL 33709

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:

William E. Pipes
Name
8205 Eagles PK Dr N.
Florida street address (P.O. Box **NOT** acceptable)
St. Petersburg FL 33709
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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..

William E Pipes
Registered Agent's Signature (REQUIRED)

(CONTINUED)

