

L09000058708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

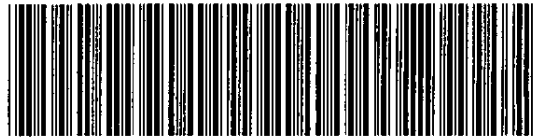
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

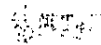
Special Instructions to Filing Officer:

Office Use Only



200156816692

Effective Date 06/15/09



06/15/09--01050--011 **160.00

FILED
09 JUN 15 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 17 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: REX INDUSTRIES 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:

LAGENE AKERS

Name of Person

LAGENE'S ACCOUNTING & TAX

Firm/Company

2567 STONY CREEK DRIVE

Address

OWATONNA, MN 55060

City/State and Zip Code

lagene@charter.net

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

LAGENE AKERS

Name of Person

at (507) 455-0887

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REX INDUSTRIES 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:

Effective Date 06/15/09

Principal Office Address:

Mailing Address:

301 SE 3RD ST
DEERFIELD BEACH FL 33441

301 SE 3RD ST
DEERFIELD BEACH FL 33441

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:

RANDY NIMROD

Name

301 SE 3RD ST

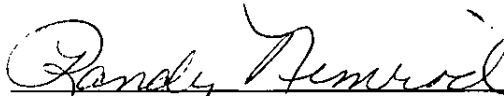
Florida street address (P.O. Box **NOT** acceptable)

DEERFIELD BEACH FL FL 33441

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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

Name and Address:

RANDY NIMROD

301 SE 3RD ST

DEERFIELD BEACH FL 33441

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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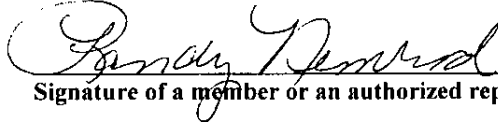
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06-15-2009. (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.)

RANDY NIMROD

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)