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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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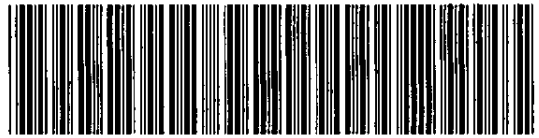
(Business Entity Name)

(Document Number)

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100163705861

Effective Date 01/01/10

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN - 4 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rule 13 Florida LLC
Name of Limited Liability Company

The enclosed Articles of Organization and facts are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin O'Reilly
Name of Person

Print of Company

10308 Crepe Jasmine Ln
Address

Fort Myers, FL 33913
City/Town and Zip Code

Kevin@rule13.com
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

Kevin O'Reilly at 239 298-3766
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount.

- ☐ \$125.00 Filing Fee ☒ \$139.00 Filing Fee & Certificate of Status ☐ \$135.00 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 5327
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:

Rule 13 Florida LLC

(Must end with the words "Limited Liability Company," "LLC," 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:

10308 Crepe Jasmine Ln
Ft. Myers, FL 33913

10308 Crepe Jasmine Ln
Ft. Myers, FL 33913

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:

Effective Date 01/01/10

Kevin O'Reilly

Name

10308 Crepe Jasmine Ln

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

Ft. Myers, FL 33913

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 by 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..

Kevin O'Reilly

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Kevin O'Reilly

10308 Crepe Jasmine Ln

FL Myers FL 33913

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2010 (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:

Kevin O'Reilly

Signature of a member or an authorized representative of a member.

(In accordance with section 605.08(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the filer(s) stated he (she) is (are)

Kevin O'Reilly

Typed or printed name of signer

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)