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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Email Address: \_\_\_\_\_

FLORIDA/FOREIGN LIMITED LIABILITY CO.  
REWARDING PROPERTIES L.L.C.

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

A. LUNT

FEB 19 2010

EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

REWARDING PROPERTIES L.L.C.

(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:**

3925 AGUALINDA BLVD.  
CAPE CORAL FL 33914

3925 AGUALINDA BLVD.  
CAPE CORAL FL 33914

**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:

JOHNNY MONCADA

Name

3925 AGUALINDA BLVD.

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

CAPE CORAL FL 33914

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.

Johnny Moncada  
Registered Agent's Signature (REQUIRED)

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Page 1 of 2

H10000037677

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TALLAHASSEE, FLORIDA

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The names and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JOHNNY MONCADA  
3725 AGUACINDA BLVD  
CAPE CORAL FL 33914

\_\_\_\_\_  
\_\_\_\_\_  
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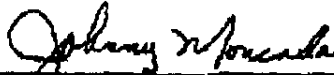
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(Use attachment if necessary)

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**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

JOHNNY MONCADA

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 20.00 Certified Copy (Optional)

\$ 2.00 Certificate of Status (Optional)

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