

L10000028987

(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:

Office Use Only

G. MCLEOD

MAR 16 2010

EXAMINER



800171981798

03/15/10--01333--023 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 15 PM 3:23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Riedmiller Group, L.L.C.
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:

Rosemary Amy Harold

Name of Person

Riedmiller Group, L.L.C.

Firm/Company

1325 Triandra Lane

Address

Naples, Florida 34119

City/State and Zip Code

amyharold321@gmail.com

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

For further information concerning this matter, please call:

Rosemary Amy Harold

Name of Person

at (727) 487-4051

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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:

Riedmiller Group, 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:

1325 Triandra Lane

Naples, Florida 34119

Mailing Address:

1325 Triandra Lane

Naples, Florida 34119

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:

Rosemary Riedmiller

Name

1325 Triandra Lane

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

Naples, Florida 34119

FL

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR 15 PM 3:23

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

Name and Address:

MGRM

Rosemary Amy Harold

4314 Bay Street NE

St Petersburg, FL 33703

MGRM

Joan Ann Riedmiller

345 13th Avenue NE

St Petersburg, FL 33701

MGRM

Lisa Denise Valente

10323 Darden Road

San Diego, CA 92126

MGR

Rosemary Riedmiller

1325 Triandra Lane

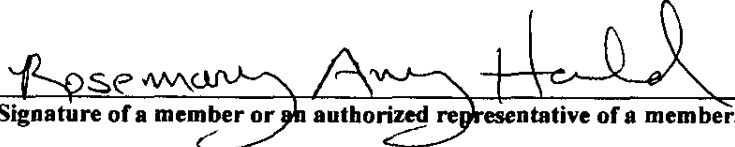
Naples, FL 34119

(Use attachment if necessary)

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.)

Rosemary Amy Harold

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)