

L10000066811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

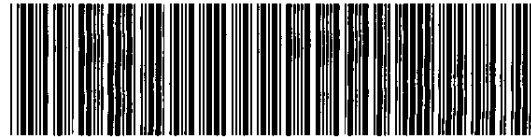
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mathias GAVE
AUTHORIZATION BY PHONE TO
CORRECT 6/15/10
DATE 6/23/10
DOC. EXAM. _____

Office Use Only



900182385699

900182385699
06/22/10--01023--011 **160.00

EFFECTIVE DATE
6/15/10

FILED
10 JUN 22 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/15/2010

Mathias Reth
6309 7th ave
New port Richey , Florida . 34653

727 645 1385

Attached is my application for an llc
and a money order for \$160.00. If you have
any Questions please fell free to call
Mathias Reth

M.O. # 1171308106
Am Scot \$160

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mathias Reth cabinets

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:

Mathias Reth

Name of Person

Mathias Reth Cabinets

Firm/Company

4536 Trouble Creek road

Address

New Port Richey /Florida 34652

City/State and Zip Code

mttrth1962@yahoo.com

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

For further information concerning this matter, please call:

Mathias Reth

Name of Person

at (727)

6451385

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:

Mathias Reth Cabinets "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:

4536 Trouble creek Road

New Port Richey, FL 34652

Mailing Address:

4536 Trouble creek road

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:

Mathias Reth

Name

6309 7th avenue

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

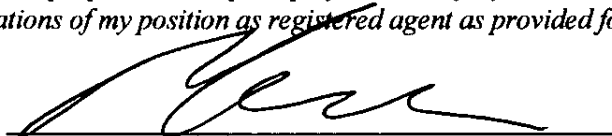
New port Richey

FL 34653

City, State, and Zip

FILED
10 JUN 22 AM 11:14
SECRETARY OF STATE
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

Name and Address:

"MGR"

Mathias Reth

6309 7th avenue

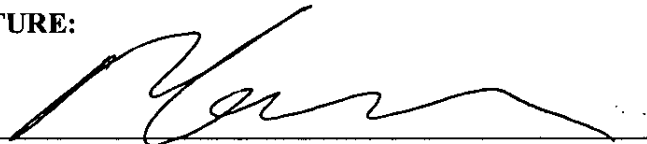
New Port Richey

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/15/10 (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.)

Mathias Reth

Typed or printed name of signee

FILED
10 JUN 22 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)