L11000088068

(Re	equestor's Name)	
. (Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status

Special Instructions to Filing Officer:

A. LUNT

AUG -1 2011

EXAMINER

Office Use Only



400210446034

07/23/11--01025--005 **125.00



COVER LETTER

•	00,1		
TO: Registration Division of C			
SUBJECT: REBCO	VENTURES, LLC		
Sebucer.		ted Liability Company	·····
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
JAMES E. B	RIDGES		
<u> </u>		Name of Person	
REBCO VEN	ITURES, LLC		2011 SEC
TREBUG VEI	TOREO, LEO	Firm/Company	<u> </u>
			L 29 RETARY DETARY DETA
202 N. TAMI	AMI TRAIL		SE SE
		Address	سة عجد زيراست
			FLOOR STATE
SARASOTA,	FLORIDA 34236	(0, , , , , 12), (0, 1	
		sy/State and Zip Code	7
jamesbridges	@verizon.com	for future annual report notification)	
	E-man address. (to be used	tor future annual report notification)	
For further information	concerning this matter, please	e call:	
JAMES E. BRIDGE	-s	at (941) 954-0200	
	of Person	Area Code & Daytime Telephone Num	nber
		•	
Enclosed is a check f	or the following amount:		,
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & cd Copy all 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:

REBCO VENTURES, LLC (Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		78E SE
The mailing address and street address	of the principal office of the Limited	L C, ——
Principal Office Address:	Mailing Address:	29 SSE SSE
202 N. TAMIAMI TRAIL	202 N. TAMIAMI TRAIL	<u> </u>
SARASOTA, FLORIDA 34236	SARASOTA, FLORIDA 34236	<u> </u>
· ·		
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an income of the registered agent are:	t's Signature:
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)	own Registered Agent. You must designate an income of the registered agent are:	t's Signature:
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an income of the registered agent are:	t's Signature:
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.) The name and the Florida street address	own Registered Agent. You must designate an income of the registered agent are: Name	t's Signature:
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address PAUL D. BEITLICH 2033 MAIN STRE	own Registered Agent. You must designate an income of the registered agent are: Name	t's Signature:
The name and the Florida street address PAUL D. BEITLICH 2033 MAIN STRE	own Registered Agent. You must designate an income of the registered agent are: H Name ET, SUITE 500	t's Signature:

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)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

MGR		JAMES E. BRIDGES	
		202 N. TAMIAMI TRAIL	
		SARASOTA, FLORIDA 34236	
MGR		PAUL D. BEITLICH	AHA
		2033 MAIN STREET, SUITE 500	SSER.
		SARASOTA, FLORIDA 34237	
			FLO FLO
			<u>·</u>
			
(Use attachme	ent if necessary)		
LE V: Effecti	ve date, if other than th	ne date of filing:	(OPTIONA
fective date is	listed, the date must	be specific and cannot be more than	five business day
.1 C4 4l	date of filing.)		
days after the	8,		

(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.)

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)