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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

T. CLINE

SEP 20 2011

EXAMINER

COVER LETTER

Division of Corpor				
SUBJECT: REBI	UL, LLC			
Sobblet.	Name of Limit	ed Liability Company		
The enclosed Articles of Org	ganization and fee(s) are	submitted for filing.		
Please return all corresponde	ence concerning this mat	ter to the following:		
RODRI	Go GIMEN	FZ		
		Name of Person		
	REBUL, (LC. Firm/Company		
		Firm/Company		
13381	sw 88 ter	R. UNIT A		
		Address		
M	liAmi, FL	33186 ty/State and Zip Code		
		•		
		@AOL.COM		-
ŀ	3-mail address: (to be used t	for future annual report notification)	76 7A1	
For further information conc	erning this matter, please	e call:		
RODRIGO Gim E	NEZ	at (395) 803-82 Area Code & Daytime Telephone	HASS HASS	WTPLACE WTBELS WTSELS
Name of Pe	erson	Area Code & Daytime Telephone	Number in <	(Table)
Enclosed is a check for th	e following amount:		2011 SEP 19 PH 12: 5 SECRETARY OF STATI TALL ARASSEE, FLORIC M Number 1	III D
]\$125.00 Filing Fee	130.00 Filing Fee & Certificate of Status	Certified Copy Cer	60.00 Filling Fee, rtificate of Status &	
		(additional copy is enclosed) Ce (additional copy is enclosed)	rtified Copy ditional copy is enclosed)	
\overline{R}	<u>Mailing Address</u> Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	·	
	P.O. Box 6327	Clifton Building		
. Т	allahassee, FL 32314	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:

REBUL, 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:

Mailing Address:

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:

RODRIGO GIMENEZ Name

13381 SW 88 + ear, UNI+A

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

MirAmi, FL 33186

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..

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM SECRETARY RODRIGO Ginere Z Sw &x terr. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

RODRIGO GIMENEZ

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)

Page 2 of 2

