

L12000013020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

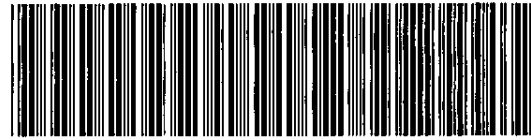
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/26/12--01012--011 \*\*105.00

EFFECTIVE DATE 1-23-12

FILED  
12 JAN 26 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JAN 27 2012  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Rebus Properties LLC

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:

Christopher N Kerns

Name of Person

Rebus Properties

Firm/Company

1370-D Highway A1A

Address

Satellite Beach, FL 32937

City/State and Zip Code

cnkerns@gmail.com

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

For further information concerning this matter, please call:

Christopher N Kerns

Name of Person

at ( 386 ) 801-6749

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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

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STATE OF FLORIDA  
TALLAHASSEE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**Rebus Properties 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:

1370-D Highway A1A  
Satellite Beach, FL 32937

#### Mailing Address:

1370-D Highway A1A  
Satellite Beach, FL 32937

### 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:

Christopher N Kerns

Name

1711 Manor Dr. NE

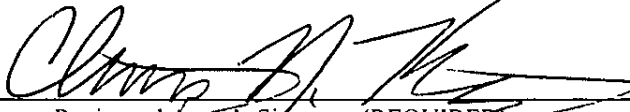
Florida street address (P.O. Box **NOT** acceptable)

Satellite Beach FL 32905

City, State, and Zip

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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:**

MGRM

Christopher N Kerns

1711 Manor Dr. NE

Palm Bay, FL 32905

MGRM

Josette E Tornabene

1711 Manor Dr. NE

Palm Bay, FL 32905

MGRM

Anna M Atkinson

725 Poinsetta Dr.

Satellite Beach, FL 32937

MGRM

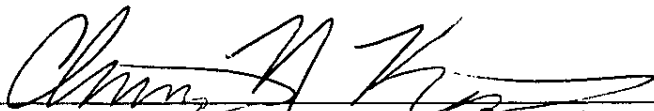
see attachment

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 23, 2012 (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.)

Christopher N Kerns

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)**

Title:

MGRM

MGRM

MGRM

Name and Address:

Kenneth M Atkinson Jr.  
725 Poinsetta Dr  
Satellite Beach, FL 32937

David P Ernewein  
508 Gardenia Dr.  
Melbourne, FL 32901

Lucia S Ernewein  
508 Gardenia Dr.  
Melbourne, FL 32937

A handwritten signature in black ink, appearing to be "David P Ernewein", written in a cursive style.

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