

L12000017972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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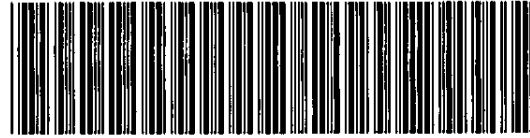
(Business Entity Name)

(Document Number)

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

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FEB 27 2012

T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Reel Business, 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:

Steven D. Mayer, Esq.  
Name of Person

Mayer Galligan Law, LLC  
Firm/Company

788 North Jefferson, Suite 900  
Address

Milwaukee, WI 53202  
City/State and Zip Code

smayer@mgbusinesslaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven D. Mayer, Esq. at ( 414 ) 326-9455  
Name of Person 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

Daniel S. Galligan  
Attorney at Law, MBA  
Office: (414) 326-9456  
dgalligan@mgbusinesslaw.com



Steven D. Mayer  
Attorney at Law, CPA  
Office: (414) 326-9455  
smayer@mgbusinesslaw.com

## MAYER GALLIGAN LAW, LLC

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February 1, 2012

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Formation of Reel Business, LLC

Dear Sir/Madam:

I enclose two original signed and executed copies of Articles of Organization relating to **Reel Business, LLC**, a Florida Limited Liability Company, which should be submitted for filing.

I also enclose \$160.00 payable to your Department, representing the filing fee.

Please acknowledge receipt of this letter and Articles of Organization by date stamping the enclosed copy of this letter and returning it to me in the enclosed envelope.

Please send me a Certificate of Status and a Certified Copy of the Articles of Organization, after they have been recorded.

Please call me if you have any questions or comments concerning this letter.

Sincerely Yours,



Steven D. Mayer

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Reel Business, 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:

5750 NE Island Cove Way Unit # 3405  
Stuart, FL 34996

Mailing Address:

5750 NE Island Cove Way Unit # 3405  
Stuart, FL 34996

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:

Richard Almandi

Name

5750 NE Island Cove Way Unit # 3405

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

Stuart

FL 34996

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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

Richard Almandi

5750 NE Island Cove Way Unit # 3405

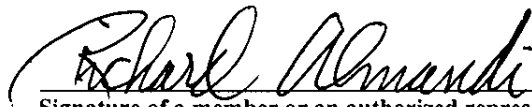
Stuart, FL 34996

(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.)

Richard Almandi

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)

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