

L 12000036642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

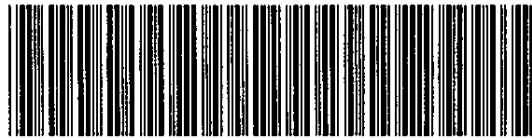
Special Instructions to Filing Officer:

W12-12023  
A. LUNT

MAR 15 2011

EXAMINER

Office Use Only



400223101284

02/29/12--01019--016 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAR 14 PM 07

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 1, 2012

MARC SARDY  
1701 CAROLINA WREN DRIVE  
OCOE, FL 34761

SUBJECT: R-IDEAS  
Ref. Number: W12000012023

We have received your document for R-IDEAS and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first page of the articles was missing from your documents.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 912A00008315

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R-Ideas

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:

Marc Sardy

Name of Person

R-Ideas

Firm/Company

1701 Carolina wren drive

Address

Ocoee, Fl. 34761

City/State and Zip Code

marcsardy@aol.com

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

For further information concerning this matter, please call:

Marc Sardy

Name of Person

at ( 407 ) 230-6247

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

FILED  
2012 MAR 14 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

R-IDEAS 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:

1701 CAROLINA WREN DR.  
OCOGEE, FL 34761

#### Mailing Address:

1701 CAROLINA WREN DR.  
OCOGEE, FL 34761

### 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:

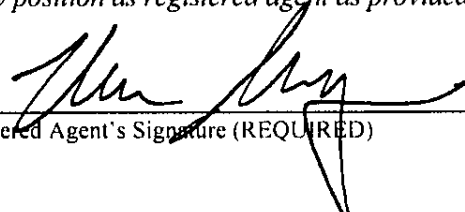
MARC SARDY  
Name

1701 CAROLINA WREN DR.  
Florida street address (P.O. Box NOT acceptable)  
OCOGEE FL 34761  
City, State, and Zip

2012 MAR 14 PM 07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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:**

Marc Sardy

1701 carolina wren drive  
ocoe, fl. 34761

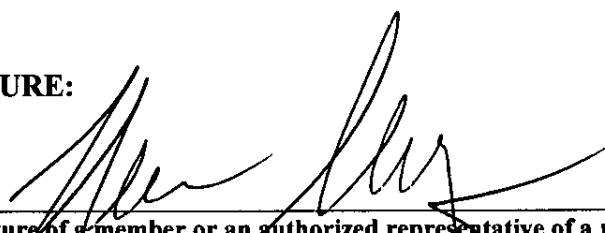
FILED  
2012 MAR 14 PM 07  
STATE OF FLORIDA  
TALLAHASSEE

(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 608.406(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.)

Marc Sardy

\_\_\_\_\_  
Typed or printed name of signer

**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)**