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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

AUG 8 2012

COVER LETTER

TO: Registration S Division of Co				
_{SUBJECT:} Reyno	olds Family Holdin	gs, LLC		
	Name of Limited	Liability Company	,	
The enclosed Articles of	f Organization and fee(s) are su	ibmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
Gregory	C. Reynolds			
		Name of Person		
<u> </u>		Firm/Company	-	2 2
1041 S.W	/. 5th Street			2012 AUG
		Address		HASS.
Boca Rato	n, Florida 33486			SEE SAY (
		State and Zip Code		75
gregorycrey	/nolds@comcast.net E-mail address: (to be used fo	r future annual report	notification)	ORDE 2
			ionii canony	2 DA
For further information	concerning this matter, please	call:		
Gregory C. Reyr	nolds	at (561	707-3106	
Name	of Person	Area Code &	Daytime Telephone Nur	nber
Enclosed is a check for	or the following amount:			
	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy i	Certification Ce	00 Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bui	Corporations	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Reynolds Family Holding (Must end with the words "L	gs, LLC imited Liability Company, "L.L.C.," or "LLC.")	
ADELOLDI		
ARTICLE II - Address:		
The mailing address and street address	s of the principal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
1041 S.W. 5th Street	1041 S.W. 5th Street	
	D D	
Boca Raton, Florida 33486	Boca Raton, Florida 33486	

The name and the Florida street address of the registered agent are:

Gregory C. Reynolds

Nam

1041 S.W. 5th Street

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

Boca Raton

_{FL} 33486

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mo	Name and Address: ember	
MGRM	Gregory C. Reynolds	
	1041 S.W. 5th Street	
	Boca Raton, Florida 33486	
	<u> </u>	รัก ว
	(OP)	- F
	<u> </u>	7-7-
		强
	ORI	'फ -
		2
(Use attachment if necess	sary)	
	(OPTION	T A T N
ARTICLE V: Effective date, if of	ther than the date of filing: (OPTION date must be specific and cannot be more than five business date	IAL) avs prior
to or 90 days after the date of fili		иуз ритог
•		
<u>required</u> signatu	DF.	
KEOCKED SIGNAL OF		
51	re of a member or an authorized representative of a member.	
_		
	ith section 608.408(3), Florida Statutes, the execution of this document firmation under the penalties of perjury that the facts stated herein are true.	
I am aware that a	any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.)	
	gory C. Reynolds	
	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)