

L12000107689

(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:

A. LUNT

AUG 21 2011

EXAMINER

Office Use Only



300238373853

2012 AUG 17 PM 2:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

08/17/12--01016--010 **130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REYNOLDS INVESTMENTS, 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:

6875 NW 19TH TRAIL
JENNINGS, FL 32053

Mailing Address:

6875 NW 19TH TRAIL
JENNINGS, FL 32053

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:

THOMAS A. REYNOLDS

Name

6875 NW 19TH TRAIL

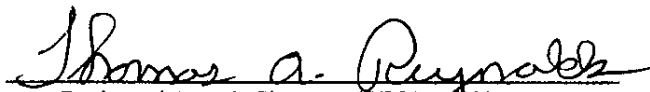
Florida street address (P.O. Box **NOT** acceptable)

JENNINGS

FL 32053

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)

FILED
2022 AUG 17 PM 3:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

THOMAS A. REYNOLDS
6875 NW 19TH TRAIL
JENNINGS, FL 32053

MGRM

MARGARET A. REYNOLDS
6875 NW 19TH TRAIL
JENNINGS, FL 32053

MGRM

ADAM E. REYNOLDS
2270 NW HWY US 41
JENNINGS, FL 32053

MGRM

EVELYN REYNOLDS
2270 NW HWY US 41
JENNINGS, FL 32053

2012 AUG 17 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/1/12 (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.)

THOMAS A 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)

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

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

Title: Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM CHRISTOPHER P. REYNOLDS

235 HOMER LANE

LAKE PARK, GA 31636

MGRM SARAH P. REYNOLDS

235 HOMER LANE

LAKE PARK, GA 31636

2012 AUG 17 PM 2 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED