

L12000110428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

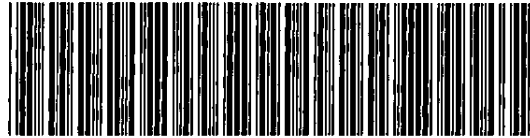
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AUG 28 2012

EXAMINER



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08/27/12--01006--024 **130.00

EFFECTIVE DATE 9/15/2012

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 27 PM 4:14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Repp Social Networks L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

EFFECTIVE DATE 9/15/2012

Please return all correspondence concerning this matter to the following:

Omar Rivero
Name of Person

8510 SW 149 Ave #1109
Firm/Company
Address

Miami / Florida 3319
City/State and Zip Code

or42@cornell.edu
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nina Rivero at 305, 613 7105
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/Corporate Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE 9/15/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Repp Social Networks L.L.C.
(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:

8510 SW 149 Ave
#1109
Miami, FL 33193

Mailing Address:

"
"
"

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:

Omar Rivero
Name

8510 SW 149 Avenue #1109
Florida street address (P.O. Box **NOT** acceptable)
Miami, FL 33193
City, State, and Zip

FILED
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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 600, F.S.

Omar Rivero
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

MGRM

Name and Address:

Omar Rivero
8510 SW 149 Ave #1109
Miami, FL 33193

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/15/12 (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:

Omar Rivero

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.)

Omar Rivero

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)