

L12000128456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

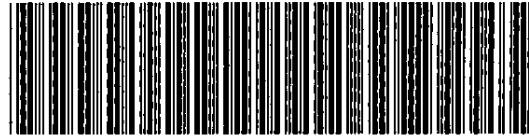
(Business Entity Name)

(Document Number)

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

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Office Use Only



700240482937

Effective Date 10/01/12

10/08/12--01017--010 \*\*130.00

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TALLAHASSEE, FLORIDA

2012 OCT -8 PM 1:28

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J. BRYAN

OCT -9 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REISS MEDIATION 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:

MICHAEL REISS

Name of Person

REISS MEDIATION LLC

Firm/Company

13615 SOUTH DIXIE HIGHWAY SUITE #554

Address

MIAMI, FLORIDA 33176

City/State and Zip Code

mreiss@reissgroup.com

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

For further information concerning this matter, please call:

MICHAEL REISS

Name of Person

at ( 305 )

234.7550

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

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TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**REISS MEDIATION 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:**

13615 SOUTH DIXIE HIGHWAY SUITE 554  
MIAMI, FLORIDA 33176

**Mailing Address:**

13615 SOUTH DIXIE HIGHWAY SUITE 554  
MIAMI, FLORIDA 33176

**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.)

Effective Date 10/01/12

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

MICHAEL REISS

Name

13615 SOUTH DIXIE HIGHWAY #554


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

MIAMI

FL 33176

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)

**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:**

MGRM

MICHAEL REISS

13615 SOUTH DIXIE HIGHWAY #554

MIAMI, FLORIDA 33176

MGR

DENISE REISS

13615 SOUTH DIXIE HIGHWAY #554

MIAMI, FLORIDA 33176

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: OCTOBER 01, 2012 (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.)

MICHAEL REISS AS MGRM

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)**