LISOCOGAZNUH

(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:		
JUN 2 7 2013		
L. SELLERS		

Office Use Only



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06/24/13--01047--004 **125.00

13 JUN 24 PH 5: 12 SECHERARY OF STATE ALLAHASSEE FLORID.



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R+R Home Tmor. 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:	Mailing Address:
195 22 VIRGINIA ADT 2	195 Virginia Apt 2
Orange CITY	OFANSE CITY
Fl. 32763	FC, 32763
ARTICLE III Desistend Asset Builden	JOSE - 8 Desistant Land 12 Ct

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:

Robert John KSepka

Name

1957D. Virginia Ayc Apt 2

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

Oranse city FL 32763
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)
Page 1 of 2

P 286-320 - 386-320

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 Member	Name and Address:
Robert	"MGRM" = Managing Member KSepka	195 aw Yirginia AVE Granse CITY FL 32763
		

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6-20-2016. (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.)

1. + - 1/9

Typed or printed name of signed

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)

Page 2 of 2

PHINEH 340-320-4051