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COVER LETTER *

TO:

Registration Section **Division of Corporations**

FIRST REPUBLIC 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:

ARTHUR W. KARLICK, JR.

Name of Person

Firm/Company

1454 N.W. 17TH AVENUE, SUITE 200

Address

MIAMI, FL 33125

City/State and Zip Code

KARLICKANDBUCKLEY@AOL.COM

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

For further information concerning this matter, please call:

ARTHUR W. KARLICK, JR. at (305

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/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Con	npany is:	
FIRST REPUBLIC LLC		
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	of the principal office of the Limited I	Liability Company is:
		1,
Principal Office Address:	Mailing Address:	
1454 N.W. 17TH AVENUE	1454 N.W. 17TH AVENUE	
SUITE 200	SUITE 200	
MIAMI, FL 33125	MIAMI, FL 33125	
ARTHUR W. KARLICK	Name	
1454 N.W. 17TH AVEN		
	a street address (P.O. Box <u>NOT</u> acceptable)	
MIAMI, FL 33125		
	City, State, and Zip	
liability company at the place desig registered agent and agree to act in to all statutes relating to the proper and and accept the obligations of my posi-	nt and to accept service of process for the nated in this certificate, I hereby accept his capacity. I further agree to comply velocomplete performance of my duties, and tion as registered agent as provided for number of the n	the appointment as with the provisions of an familiar with
•	CONTINUED	SEGRET VISION (
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Page 1 of 2

SECRETARY OF STAIL DIVISION OF CORPORATIONS

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

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

"MGR" ≈ Manager	Name and Address:
"MGRM" = Managing Member	
Workin — Managing Member	•
MGRM	ARTHUR W. KARLICK, JR.
	1454 N.W. 17TH AVENUE SUITE 200
	MIAMI, FL 33125
MGRM	KURT KARLICK
	170 TEA ROSE LANE
	MURPHY, NC 28906
	
(Use attachment if necessary)	
•	
CLE V: Effective date, if other that	n the date of filing: . (OPTIONA)
effective date is listed, the date i	must be specific and cannot be more than five business
CLE V: Effective date, if other that effective date is listed, the date is or 90 days after the date of filing	n the date of filing: (OPTIONAL must be specific and cannot be more than five business ag.)
effective date is listed, the date i	must be specific and cannot be more than five business
effective date is listed, the date is or 90 days after the date of filin	must be specific and cannot be more than five busines
effective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE:	must be specific and cannot be more than five busines.
effective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE:	must be specific and cannot be more than five busines
effective date is listed, the date is or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a more constitutes an affirmation of a management of the date of	must be specific and cannot be more than five busines.

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)