## L13000 114068

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SECRETARY OF STATE
DIVISION OF COMPORATIONS

AUG 1 3 2013 T. HAMPTON

## **COVER LETTER**

TO:	Registration S Division of Co				
arm t		Reyna M	erchant, L	LC	
SUBJI	scr:		ed Liability Compan		
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.		
Please	return all corresp	ondence concerning this matt	er to the following:		
		Ra	quel Reyr	าล	
			Name of Person		<u>-</u>
			Firm/Company		
		1450 East 6		. Apt #	17
			Address		**************************************
	•	Arcadi	a, FL 342	266	
			y/State and Zip Code		
	<del></del> _	E-mail address: (to be used	na@yahoo		
For fu	ther information	concerning this matter, please	-		
_	quel Re			832-30	73
	Name	of Person		& Daytime Telep	
Enclo	sed is a check f	or the following amount:	A.***		
■\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Certified Cop (additional copy	g Fee & 🚨 Y	\$160.00 Filing Fee,
		Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registratio Division o Clifton Bu 2661 Exec	f Corporations	

## Effective Date 8/4/13

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	opany is:	
Reyna	a Merchant, LLC.	
(Must end with the words "Lin	mited 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:
Princinal Office Address:	Malling Address:	
1450 East Gibson St. Apt #17	1450 East Gibson St. Apt #1	7
Arcadia, FL 34266	Arcadia, FL 34266	
1450 Ea	Name  sast Gibson St. Apt #17 a street address (P.O. Box NOT acceptable)	
	vcadia, <sub>17</sub> 34266	
	City, State, and Zip	
registered agent and agree to act in the all statutes relating to the proper and	•	of the appointment as with the provisions of and I am familiar with r in Chapter 608, F.S.
Registered Age	Respondence (REQUIRED)	FILEC SECRETARY OF COR DIVISION OF COR
·	CONTINUED)	LED RY OF SIMIL CORPORATIONS
	Page 1 of 2	<b>-</b>

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Membe	ar .	•
MGRM	Raquel Royna	
	1450 East Gibson St. Apt #17	
	Arcadia, FL 34266	
		and the state of t
		4
		<u></u>
(Use attachment if necessary)  CLE V: Effective date, if other	than the date of filing: $8-6-201$	3 (OPTIONAL)
CLE V: Effective date, if other	te must be specific and cannot be mor lling.)	
CLE V: Effective date, if other effective date is listed, the date or 90 days after the date of f  REQUIRED SIGNATURE:	te must be specific and cannot be mor	
CLE V: Effective date, if other effective date is listed, the date of or 90 days after the date of f  REQUIRED SIGNATURE:	re must be specific and cannot be more ling.)	e than five business days
CLE V: Effective date, if other effective date is listed, the date of or 90 days after the date of f  REQUIRED SIGNATURE:  Signature of	re must be specific and cannot be more ling.)  Again Reyro  a number or an authorized representative of a	e than five business days
CLE V: Effective date, if other effective date is listed, the date of or 96 days after the date of f  REQUIRED SIGNATURE:  Signature of the date of financial and aware that any factors are affirmated.	re must be specific and cannot be more ling.)	member.  of this document the derein are true.
CLE V: Effective date, if other effective date is listed, the date of or 96 days after the date of f  REQUIRED SIGNATURE:  Signature of the date of financial and aware that any factors are affirmated.	Ting.)  Again Regard  A premier or an anthorized representative of a ction 608.408(3), Florida Statutes, the execution ion under the penalties of perjury that the facts statute information submitted in a document to the De	member.  of this document ted herein are true. spartment of State
CLE V: Effective date, if other effective date is listed, the date of or 90 days after the date of f  REOUIRED SIGNATURE:  Signature of the date of financial constitutes an affirmat I am aware that any factors.	Remander of an authorized representative of a ction 608.408(3), Florida Statutes, the execution of the information submitted in a document to the Decree felony as provided for in s.817.155, F.S.)	member.  of this document ted herein are true. spartment of State
CLE V: Effective date, if other effective date is listed, the date of or 90 days after the date of for REOUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirmat I am aware that any faconstitutes a third degree	Ting.)  Again Reguer  Reguer Representative of a member or as authorized representative of a ction 608.408(3), Florida Statutes, the execution ion under the penaltics of perjury that the facts state information submitted in a document to the Decree felony as provided for in s.817.155, F.S.)  Requel Reyna	member.  of this document ted herein are true. spartment of State
CLE V: Effective date, if other effective date is listed, the date of or 96 days after the date of f  REQUIRED SIGNATURE:  Signature of the date of financial and aware that any factors are affirmated.	Ting.)  Again Reguer  Reguer Representative of a member or as authorized representative of a ction 608.408(3), Florida Statutes, the execution ion under the penaltics of perjury that the facts state information submitted in a document to the Decree felony as provided for in s.817.155, F.S.)  Requel Reyna	member.  of this document the derein are true.

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

Page 2 of 2

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