## L13000115348

(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
(Only States 2, p. 1 Holle 11)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Destinates of Calabas
Special Instructions to Filing Officer:
·

Office Use Only



800250172478

-- \*\* 08/14/13--01020--001 \*\*125.00



2013 AUG 14 AN IO: O: Secretary of State

N. Cuffigan AUG 15 2013

(850) 245-6051.

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Relationship Energy 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:

1	Paula E	3atz			
_			Name of Person		
_			Firm/Company		
•	14530	Laguna Drive			
_			Address		
i	Fort My	ers, FL 3390	8		
			y/State and Zip Cod	le	
<u>r</u>	batz@ar	nericaapproved.co			
		E-mail address: (to be used	for future annual rep	ort notification)	
For furth	er information	concerning this matter, please	e call:		
Paula Batz		_ <sub>at</sub> 443	205-28	830	
	Name	of Person	Area Cod	e & Daytime Tele	phone Number
Enclose	d is a check f	or the following amount:			
<b>■</b> \$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Fili Certified Co (additional cop	_	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section	***************************************	Courier Address	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Company is: Relationship Energy 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:** 13451 McGregor Blvd Unit 29 13451 McGregor Blvd Unit 29 Fort Myers, FL 33919 Fort Myers, FL 33919 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:

Peter Jensen	
	Name
13451 McGregor Blvd Ur	nit 29
Florida	street address (P.O. Box NOT acceptable)
Fort Myers	FL 33919
	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

## 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			
MGRM	Peter Jensen		
THE CONTRACT OF THE CONTRACT O	13451 McGregor Blvd Unit 29		
	Fort Myers FL 33919		
	1 divinyole i 2 doorte		
(Use attachment if necessary)			
	date of filing: 8/12/2013 (OPTIO	NAI)	
<b>FICLE V:</b> Effective date, if other than the	date of filing: 8/12/2013 (OPTIO be specific and cannot be more than five business)		ays
FICLE V: Effective date, if other than the on effective date is listed, the date must	date of filing: 8/12/2013 . (OPTIO be specific and cannot be more than five busing		ays
ICLE V: Effective date, if other than the effective date is listed, the date must		ness da	ays
TICLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)		ness da	ays
ICLE V: Effective date, if other than the n effective date is listed, the date must		ness da	
TCLE V: Effective date, if other than the n effective date is listed, the date must to or 90 days after the date of filing.)		ness da	ays
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)		ness da	FIL
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five busi	ness da	
ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 608. constitutes an affirmation under I am aware that any false information to the constitute of the cons	or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are treation submitted in a document to the Department of State	ness da	FIL
CICLE V: Effective date, if other than the on effective date is listed, the date must reto or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 608, constitutes an affirmation under I am aware that any false information constitutes a third degree felony	or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are tree.	ness da	FIL
FICLE V: Effective date, if other than the en effective date is listed, the date must or to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a member of a matter	or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are treation submitted in a document to the Department of State	ness da	FIL

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)