

L13000120593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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LAW OFFICES OF
JOSEPH H. PILKINGTON & CO., P.C.

ONE SEAGATE, SUITE 620
TOLEDO, OHIO 43604

Telephone (419) 247-1600
Facsimile (419) 247-1602

August 21, 2013

Registration Section
Division of Corporations
Clifton Building
2551 Executive Center Circle
Tallahassee, FL 32301

Re: Repro4Mat, LLC

Gentlemen:

Enclosed for filing are the following:

1. Articles of Incorporation;
2. Cover letter;
3. Check for \$130.00.

Also enclosed is a return envelope for the Certificate of Status.

We appreciate your services.

Very truly yours,

Joseph H. Pilkington

JHP:nh
Enclosure

FedEx

FILED
2013 AUG 22 PM 2:49
TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Repro4Mat, 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:

JOSEPH H. PILKINGTON

Name of Person

JOSEPH H. PILKINGTON & CO., P.C.

Firm/Company

ONE SEAGATE, SUITE 620

Address

TOLEDO, OHIO 43604

City/State and Zip Code

joseph.pilkington@toast.net

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

For further information concerning this matter, please call:

JOSEPH H. PILKINGTON at **419** **247-1600**

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 Company is:

Repro4Mat, 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:

1100 Fifth Avenue South, Suite 201
Naples, Florida 34102

Mailing Address:

1100 Fifth Avenue South, Suite 201
Naples, Florida 34102

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:

Thomas D. Clark,

Name

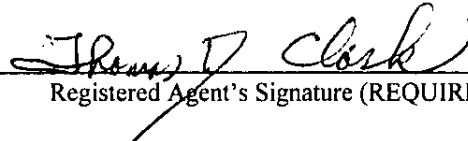
10781 Isola Bella Court

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

Miromar Lakes, Florida 33913

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:

Thomas D. Clark, MGR

Thomas D. Clark

110 Fifth Avenue South, Suite 201

Naples, FL 34102

Keith Gibson, MGR

Keith Gibson

10841 Isola Bella Court

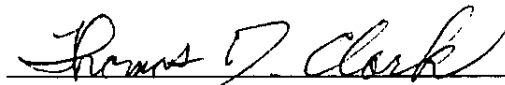
Miromar Lakes, FL 33913

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

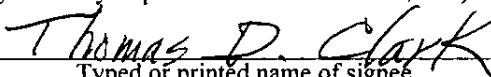
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)



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)