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SECHETARY OF STATE
TALLAHASSEE ELONG.

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COVER LETTER

TO: Registration Division of C			
SUBJECT:	REBEW L. Name of Limit	L, C. led Liability Company	-
		con almost, a company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mate	ter to the following:	
	ARENCE G.	WEBER Name of Person	
		Name of Person	
		Firm/Company	
	648 CORTLA	HD ST.	
		Address	
D	DICHTAU 10	unitimal dolla	
	Circle HION, M	IJCHI FAN 48114 Ty/State and Zip Code	
		,	
	E-mail address; (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Clarence	Weber	at (5.17.) 517 - 518 - 192.8 Area Code & Daytime Telephone Number	<u> </u>
Enclosed is a check f	for the following amount:		
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$\square\$ \$160.00 \text{ Filing Is } \$Certificate of Start Certified Copy (additional copy is constitutional copy.	atus &
	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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
REBEWLLC (Must end with the words "Limited Lie	ability 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:
(The Limited Liability Company cannot serve as its own Repbusiness entity with an active Florida registration.) The name and the Florida street address of the CLARENCE Nar 1546 BOTT Florida street at THE VILLAGE	GWEBER ME LEBRUSH ST address (P.O. Box NOT acceptable) SEFL 32162
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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR.	BRIGHTON, MICH. 48114
	I ALL AN
	ASSEE.
	FLORDA
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.)	date of filing: (OPTIONA be specific and cannot be more than five busines

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.)

CLARENCE G. WEBER
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)