

L 13000171135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

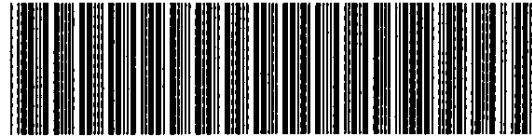
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600254400526

EFFECTIVE DATE
1-1-2014

12/09/13--01044--014 **160.00

FILED
13 DEC -9 PM 2:02
SECOND JUDGE OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

DEC 11 2013

(850) 245-6051

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mr. Reasonable Investments, 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:

Dennis Webb and Joylet Webb
Name of Person

Mr. Reasonable Investments, LLC
Firm/Company

5475 N.W. Saint James Drive #346
Address

Port Saint Lucie, FL 34983
City/State and Zip Code

djkrwebb@juno.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dennis Webb at (630) 404 2929
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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:

EFFECTIVE DATE
1-1-2014

Mr. Reasonable Investments, 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:

5475 N.W. Saint James Dr.
#346
Port Saint Lucie, FL 34983

Mailing Address:

5475 N.W. Saint James Dr.
#346
Port Saint Lucie, FL 34983

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:

Nancy Grieco, Grieco Management Services

Name

676 N.E. Little Kanyak Pt.

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

Port St. Lucie, FL 34983

City, State, and Zip

FILED
13 DEC -9 PM 2:02
CLERK OF SUPERIOR COURT
STATE OF FLORIDA
TALLAHASSEE

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 60S, F.S.

Nancy Grieco

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:

Manager

Dennis Webb
2407 Oakfield Dr.
Aurora, IL 60503

Managing Member

Joylet Webb
2407 Oakfield Dr.
Aurora, IL 60503

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2014 (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.)

Dennis Webb

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)