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SECRETARY OF STATE ONS DIVISION OF CORPORATIONS

1/10



## **COVER LETTER**

	degistration Section Division of Corporations
SUBJECT	Reeb Mangement & Marketing Services LLC
SUBJECT	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	arn all correspondence concerning this matter to the following:
	Brigitte Karen Beer
	Name of Person
	Reeb Mangement & Marketing Services LLC
	Firm/Company
	7816 Craighurst Lp
	Address
	Trinity, Fl. 34655
	City/State and Zip Code
	biggireeb@live.com
	E-mail address: (to be used for future annual report notification)
For further	r information concerning this matter, please call:
Brigi	tte K. Beer 376-7146
	Name of Person Area Code Daytime Telephone Number
Enctosed i	is a check for the following amount:  Filing Fee \$\begin{array}{c} \$130.00 \text{ Filing Fee & Certificate of Status} \end{array} \$\$155.00 \text{ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\$\$(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 266! Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limi	ted Liability Company is:	
Reelo 1	Manageme (Must end with the words	nt & Marketing Services Ll "Limited Liability Company, "L.L.C.," or "SLC.")
ARTICLE II - Addr The mailing address a		incipal office of the Limited Liability Company is:
Principal Office Add	Iress:	Mailing Address:
7816 Craighurst Lp Trinity, Fl. 34655		7816 Craighurst Lp Trinity, Fl. 34655
(The Limited Liability another business enti		- -
		Name
	6545 Ridge Rd. Florida street address (	P.O. Box NOT acceptable)
	Роп кіспеу	FL 34668
	City	Zip
the place designa capacity. I further	ted in this certificate, I here agree to comply with the pr	accept service of process for the above stated limited liability company at by accept the appointment as registered agent and agree to act in this ovisions of all statutes relating to the proper and complete performance pt the obligations of my position as registered agent as provided for in

Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Title:	Name and Address:
	"AMBR" = Authorized Member	
	"MGR" = Manager	
	MGR	Brigitte Keren Beer
		7816 Craighurst Lp
		Trinity, Fl. 34655
	(Use attachment if necessary)	
	I F V. Effective date if other than the date	of filing: (OPTIONAL)
C		
e	ffective date is listed, the date must be speed of filing.)	cific and cannot be more than five business days prior to or 90 days a
ei	e of filing.)  LE VI: Other provisions, if any.	
ei te	e of filing.)	
ei te	LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	
ei	e of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	gitte K. Pseu
ei te	REQUIRED SIGNATURE:  Signature of a mei	wher or an authorized representative of a member.
ei te	REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 6	mber or an authorized representative of a member.
ei te	REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section of constitutes an affirmation ur	wher or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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