

L14000009856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

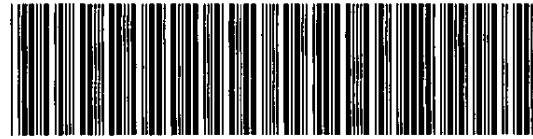
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JAN 13 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

~~1/1/14~~  
1/13/14

54 1/12/14

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Get Spaced, 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:

Annette Reizburg

Name of Person

Get Spaced, LLC

Firm/Company

16130 Poppyseed Circle, Unit 1303

Address

Delray Beach, FL 33484

City/State and Zip Code

areizburg@comcast.net

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

For further information concerning this matter, please call:

Annette Reizburg

Name of Person

at 561 400-6112

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

FILED  
14 JAN 13 2:46 17  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

*please email  
copy of  
Certificates  
at  
areizburg@  
comcast.net*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Get Spaced, L.L.C

(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:**

16130 Poppyseed Circle, Unit 1303

Delray Beach, FL 33484

16130 Poppyseed Circle, Unit 1303

Delray Beach, FL 33484

**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:

Annette Reizburg

Name

16130 Poppyseed Circle, Unit 1303

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

Delray Beach

FL 33484

City

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 605, F.S..*

Annette Reizburg

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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14 JAN 13 PM 4:17  
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TALLAHASSEE, FL 32399

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

**Name and Address:**

Annette Reizburg

16130 Poppyseed Circle, Unit 1303

Delray Beach, FL 33484

Lori Hamilton

1107 Route 47

Dennisville, NJ 08214

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/13/14 per Annette (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Annette Reizburg

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)**

FILED  
14 JAN 13 4 18  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399