

L140000 62186

(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



300258825383

04/14/14--01048--009 **160.00

FILED

14 APR 14 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 16 2014

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: "The Reel Experience" 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:

Ryan C. Smith

Name of Person

The Reel Experience

Firm/Company

13245 Atlantic Blvd. Suite 4 #266

Address

Jacksonville, Florida 32225

City/State and Zip Code

TheReelExperience@comcast.net

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

For further information concerning this matter, please call:

Ryan Smith

Name of Person

at (904)

Area Code

314-7570

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:

"The Reel Experience" 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:

13245 Atlantic Blvd. Suite 4 #266
Jacksonville, Florida 32225

Mailing Address:

13245 Atlantic Blvd. Suite 4 #266
Jacksonville, Florida 32225

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:

Ryan Smith

Name

1666 Ponderosa Pine Dr. W

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

Jacksonville

FL 32225

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
14 APR 14 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MGR

Name and Address:

Ryan C. Smith

1666 Ponderosa Pine Dr. W

Jacksonville, FL 32225

Stacie A. Smith

1666 Ponderosa Pine Dr. W

Jacksonville, FL 32225

(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.)

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.)

RYAN SMITH

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)