# L14000069421

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	······································
(Ci	ty/State/Zip/Phone	<del>= #)</del>
one (m) A		
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nan	ne)
	•	,
(Dr	ocument Number)	
(=-	,	
Certified Copies	Certificates	of Status
Serimed Copies		·
947.		
Special Instructions to	Filing Officer:	
, v ma cod		
••		
• •		

Office Use Only



100259616151

04/30/14--01001--014 \*\*125.00

SECRETARY OF STATE
SUFFICIENCY OF FILTER
SUFFICIENCY OF SUFFICIE

APR 29 2014

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Reep it Civil 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:	
Kevin Oliveira  Name of Person	
Reep it Civil	
10681 SE Le Parc	
Address	
Tequesta, FL 33469	
City/State and Zip Code  Kro 11 b@my.fsu.edu  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kevin Oliveira = (772) 349-0496	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fec \$\Bigcup \\$130.00 Filing Fec \& Certificate of Status \$\Bigcup \text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \text{Certified Copy} \\ (additional copy is	of Status &

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:
Reep it Civil 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:  10681 SELEParc Tequesta, FL 33469 Tequesta, FL 33469
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:    ARTICLE III - Registered Agent, Registered Agent's Signature:    ARTICLE III - Registered Agent's Signature:    ARTICLE III - Registered Agent's Signature:   ARTICLE III
Having been named as registered agent and to accept service of process for the above stated limited liability company a 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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

The name and address of each person aut	AS 20
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Fig. 3
	<u>त्र म</u> ्र
AMRR	Nois Oliveia
	10681 SE Le Varc
- AMBR	Tequesta FL 33469
- AMBR	Jony Norwillo
	Habe Salund 1 E) 3345F
AMBR	Owen Pratt
	11471 SE Doherty St
	Tequesta, FL 33464
	of filing: (OPTIONAL)
CLE V: Effective date, if other than the date	
CLE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.)	
CLE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.)	ecific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date of effective date is listed, the date must be speed of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date of effective date is listed, the date must be speed of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a merical date of a merical da	ceific and cannot be more than five business days prior to or 90 days  We will be a second of this document of this document of this document
CLE V: Effective date, if other than the date of effective date is listed, the date must be speed of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 60) constitutes an affirmation under	ecific and cannot be more than five business days prior to or 90 days  We always to the second secon
CLE V: Effective date, if other than the date of effective date is listed, the date must be speed of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mere (In accordance with section 60% constitutes an affirmation under I am aware that any false information.	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the date of effective date is listed, the date must be speed of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mere (In accordance with section 60% constitutes an affirmation under I am aware that any false information.	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
CLE V: Effective date, if other than the date of effective date is listed, the date must be speed of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mere (In accordance with section 60% constitutes an affirmation under I am aware that any false information.	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)