#L14000095422

(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:

~~L14-31549~~

Office Use Only

600259952536

EFFECTIVE DATE 5-1-2014

05/08/14--01000--023 **125.00

FILED
2014 MAY -8 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 13 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2014

RANDY F PASQUARELLI
P.O. BOX 608832
ORLANDO, FL 32860

SUBJECT: REEF OPTIONS AQUATICS LLC.
Ref. Number: W14000031549

We have received your document for REEF OPTIONS AQUATICS LLC. and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 414A00010786

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: REEF OPTIONS AQUATICS
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:

RANDY F. PASQUARELLI
Name of Person

REEF OPTIONS AQUATICS
Firm/Company

P.O. BOX 608832
Address

Orlando FL, 32860
City/State and Zip Code

r-pasquarelli@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANDY PASQUARELLI at (321) 279 - 2076
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

REEF OPTIONS AQUATICS LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED
2014 MAY -8 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

REEF OPTIONS AQUATICS
1468 Bridlebrook Ct.
Casselberry FL, 32707

Mailing Address:

REEF OPTIONS AQUATICS
1468 Bridlebrook Ct.
Casselberry FL, 32707

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:

RANDY PASQUARELLI
Name

1468 Bridlebrook Ct.
Florida street address (P.O. Box **NOT** acceptable)

Casselberry FL 32707
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)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	**Name and Address:**
MGR.	Randy Pasquarelli 1408 Bridle brook Casselberry FL 32707

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/1/2014 (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.)

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.)

RANDY PASQUARELLI
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)