

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(D)	siness Entity Nar	no)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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09/11/14--01046--003 **160.00



COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJE	CT:		R4A, LLC	
		Name of Lin	nited Liability Company	
The end	closed Articles	of Organization and fee(s) as	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
			Paul J. Beach	
			Name of Person	
	·		R4A, LLC	
			Firm/Company	
		2	721 Austin Rose Lane Address	
			Address	
			range Park, FL 32073	
			ity/State and Zip Code	
		E-mail address: (to be use	steratdisasters@gmail.com d for future annual report notific	ation)
For furt	ther information	n concerning this matter, plea	ase call:	
Paul B			904) 579-3942	
	Nam	ne of Person	Area Code Daytime Te	lephone Number
Enclose	ed is a check fo	r the following amount:		
] \$ 125.0	0 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

LORIDA LIMITED LIABILITY COMPANY
Liability Company, "L.L.C.," or "LLC.")
Tice of the Limited Liability Company is:
Mailing Address:
2721 Austin Rose Lane Orange Park, Florida 32073
& Registered Agent's Signature: Registered Agent. You must designate an individual or 1.)
agent are:
LC
1200 NOT acceptable)
<u>FL 32202</u> Zip
wice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this if all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in the following the fee, sident ED)

Title: 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager MGR	David J. Barack
WOK	Paul J. Beach 2721 Austin Rose Lane
	Orange Park, FL 32073
MDD	
AMBR	Lisa C. Beach 2721 Austin Rose Lane
	Orange Park, FL 32073
V: Effective date, if other than the dat	te of filing: <u>August 21st, 2014 (8/21/2014)</u> . (OPTIONAL)
V: Effective date, if other than the date tive date is listed, the date must be spilling.) VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 9
tive date is listed, the date must be sp filing.) VI: Other provisions, if any.	te of filing: August 21st, 2014 (8/21/2014). (OPTIONAL) pecific and cannot be more than five business days prior to or 9
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V: Effective date, if other than the date tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a mean (In accordance with section 60 constitutes an affirmation und I am aware that any false information of the section for t	nember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document let the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the date tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a machine (In accordance with section 60 constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
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