

L14000135226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

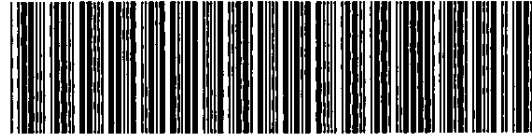
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700263254677

08/18/14--01030--010 \*\*155.00

FILED  
14 AUG 18 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

AUG 28 2014

S. YOUNG

64



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2014

JEAN REBY  
7220 SW 52 CT  
MIAMI, FL 33143

SUBJECT: KONSTANZ INVESTMENT LLC  
Ref. Number: W14000050805

We have received your document for KONSTANZ INVESTMENT LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 714A00017833

FILED  
14 AUG 18 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**JEAN BERNARD REBY**  
7220 SW 52 Court  
Miami Fl, 33143  
USA

Florida Department Of State  
Registration Section  
Division of Corporation  
**P.O.Box 6327**  
**Tallahassee Fl, 32314**  
**USA**

Miami, 2014 08 13

Dear Sir,

Please find attached documents signed to register a new LLC.

**KONSTANZ INVESTMENT LLC**

Also a check # 103 for \$ 155

Sincerely yours,



Jean Bernard REBY

FILED  
14 AUG 18 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KONSTANZ INVESTMENT 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:

FELIZITAS POLLAK REBY

Name of Person

Firm/Company

7220 SW 52 CT

Address

MIAMI FL, 33143

City/State and Zip Code

JBRMIA@GMAIL.COM

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

For further information concerning this matter, please call:

JEAN BERNARD REBY

Name of Person

at ( 305 ) 989 67 89

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

14 AUG 18 2011  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KONSTANZ INVESTMENT 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:

Mailing Address:

7220 SW 52 CT

J.B. REBY & FAYE POLLAK REBY

7220 SW 52 CT

MIAMI FL, 33143-5913

MIAMI FL, 33143

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:

JEAN BERNARD A. REBY

Name

7220 SW 52 CT

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

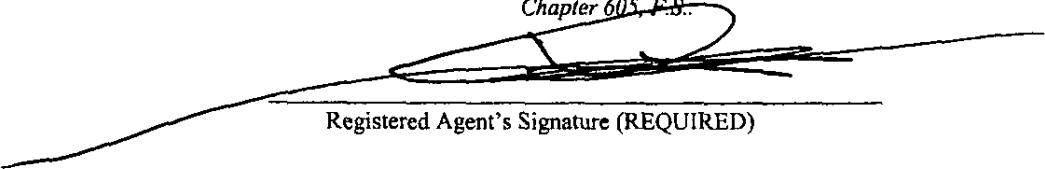
MIAMI

City

FL 33143

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)

Page 1 of 2

FILED  
14 AUG 18 AM 11:34  
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

AMBR

**Name and Address:**

FELIZITAS POLLAK REBY

7220 SW 52 CT MIAMI FL. 33143

AMBR

JEAN BERNARD A. REBY

7220 SW 52 CT MIAMI FL. 33143


(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.)

FELIZITAS POLLAK REBY

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 AUG 18 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA