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204 NOV 17 PM 4: 37

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EFFECTIVE DATE 11014

NOV 24 2014 J. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: R.E. Designs, 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:	
Rebecca Ebersole Name of Person	
R.E. Designs, LLC Firm/Company	
1402 Phyllis St Address	
Lakeland, Fi 33803	
City/State and Zip Code REdesigns365@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	2014 NOV 17
Rebecca Ebersole at (863) 640-2183 Name of Person Area Code Daytime Telephone Number	PM 4: 37
Enclosed is a check for the following amount: \$\Bigsize \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	ed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
R.E. Designs, Lt.C		_	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	_	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
930 Roberts Rd	1402 Phyllis St		
Haines City, FI 33844	Lakeland, Fl 33803	-	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a	egistered Agent. You must designate an indivi	idual or	
Richard Ebersole		AON	CHITTON
Name	No.	=	9
1130 N Lake Parker Ave, Unit (-TI	Part Services
Florida street address (P.O. Box 1	NOT acceptable)	<u> </u>	Checkey
Lakeland	FL 33805	‡: ω	
City	Zip Sp	37	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter Registered Agent's Signature.	the appointment as registered agent and agree is all statutes relating to the proper and complete gations of my position as registered agent as pror 605, F.S	o act in perforn	this nance
(CONTINUE)	D)		

Page 1 of 2

EFFECTIVE DATE_11/10/14

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u></u>	
fective date is listed, the date must be spec	of filing: $11 - 10 - 14$ (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
LE V: Effective date, if other than the date of fective date is listed, the date must be spect of filing.)	of filing: 11-10-14 (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
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