

L140000192556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

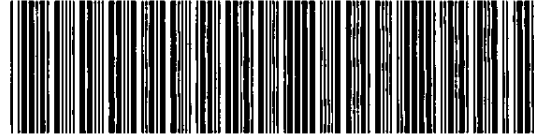
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500267057365

12/15/14--01034--017 \*\*160.00

Effective Date 1/1/15

FILED  
14 DEC 15 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 18 2014  
T. HAMPTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RELIABLE BUSINESS MANAGEMENT SOLUTIONS 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:

FRANK MCHALE

Name of Person

RELIABLE BUSINESS MANAGEMENT SOLUTIONS INC

Firm/Company

224 PENTHREE DRIVE

Address

EAST NORWICH NY 11732

City/State and Zip Code

frankmchale@gmail.com

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

For further information concerning this matter, please call:

FRANK MCHALE

Name of Person

at (

516

Area Code

996-1551

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

Effective Date

1/1/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RELIABLE BUSINESS MANAGEMENT SOLUTIONS 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:

224 PEACHTREE DRIVE  
EAST NORWICH NY 11732

Mailing Address:

210 FRANK MCMALE  
224 PEACHTREE DRIVE  
EAST NORWICH NY 11732

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:

FRANK MCMALE  
Name  
3920 JUPITER DRIVE  
Florida street address (P.O. Box NOT acceptable)  
NEW PORT RICHEY FL 34652  
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..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
14 DEC 15 PM 12:16  
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

MGR

**Name and Address:**

FRANK McHALL  
224 PONTIAC DRIVE  
EAST NORWICH NY 11732

JACK McHALL  
3970 JUPITER DRIVE  
NEWPORT RICHEY FLA 34652

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/2015 (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.

NONE

**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.)

FRANK McHALL

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 DEC 15 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA