1500003132

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
المواقعونات مسهورات الداري	Office Use Or	ıly



900267541939

12/23/14--01018--001 **1550.00

2014 DEC 23 PH 3: 15
SEGRETARY OF STATE

EFFECTIVE DAIS 01/04/5

JAN 07 2015 DBRUCE

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	ECT: <u>REYNOSO HOLDINGS THREE</u> Name of Li	LLC mited Liability Company			
The en	closed Articles of Organization and fee(s) a	are submitted for filing.			
Please	return all correspondence concerning this n	natter to the following:			
	JOHN A. DWYER, ESQUIRE	Name of Person			
	JOHN A. DWYER, ESQUIRE				
		Firm/Company			
	506 North Alexander Street	Address	3×17	2014	
		Addição		14 DEC	7
	Plant City, Florida 33563	City/State and Zip Code		023	-
ja	dwer@olantcitvlawvers.com	ed for future annual report notifica	ation)	PH	, TE
For fur	ther information concerning this matter, ple	ease call:	TATE	بب 5	انط
John /	A. Dwyer. Esquire at (Name of Person	813) 754-1198 Area Code Daytime Te	lephone Number		
Enclose	ed is a check for the following amount:				
\$125.0	0 Filing Fee \$\sum \text{S130.00 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	d)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
REYNOSO HOLDINGS THREE, LLC	
	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3536 Tommy Brock Place Plant City, Florida 33566	3536 Tommy Brock Place Plant City, Florida 33566
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration.) The name and the Florida street address of the registered at	Registered Agent. You must designate an individual or)
Manuel Revnoso	· · · · · · · · · · · · · · · · · · ·
Name	AS NOT THE RESERVE OF THE PERSON OF THE PERS
3536 Tommy Brock Place	설계 문
Florida street address (P.O. Box)	NOT acceptable)
Plant City	FL 33566
City	Zip TO SO TO
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging the chapter.	rice of process for the above stated limited liability campany at the appointment as registered agent and agree to dci in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S.
(CONTINUE	D)

Page 1 of 2

FFET TO DATE OF OIL DE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MRG	Manuel Reynoso
	3536 Tommy Brock Place
	Plant City, Florida 33566
MRG	Graciela Reynoso
	3536 Tommy Brock Place
	Plant City, Florida 33566
(Use attachment if necessary)	
(Use attachment if necessary) EV: Effective date, if other than the date ective date is listed, the date must be spen of filing.)	of filing: <u>January 1, 2015</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days a
E V: Effective date, if other than the date ective date is listed, the date must be spe	of filing: <u>January 1, 2015</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days a
E V: Effective date, if other than the date ective date is listed, the date must be spen of filing.)	of filing: January 1, 2015 (OPTIONAL) ecific and cannot be More than five business days prior to or 90 days a
E V: Effective date, if other than the date ective date is listed, the date must be spen of filing.)	cific and cannot be More than five business days prior to or 90 days a
E V: Effective date, if other than the date ective date is listed, the date must be spend filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be More than five business days prior to or 90 days a
E V: Effective date, if other than the date ective date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be More than five business days prior to or 90 days a
E V: Effective date, if other than the date ective date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605)	nber or an amborized representative of a member.
E V: Effective date, if other than the date ective date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60% constitutes an affirmation under	mber or an amberized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mere (In accordance with section 60% constitutes an affirmation under I am aware that any false inform	mber or an amborized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document to the penalties of perjury that the facts stated herein are true. The provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mere (In accordance with section 60% constitutes an affirmation under I am aware that any false inform	mber or an antiborized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document to the penalties of perjury that the facts stated herein are true. 7. as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mere (In accordance with section 60% constitutes an affirmation under I am aware that any false inform	mber or an antiborized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document to the penalties of perjury that the facts stated herein are true. 7. as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be spend filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mere (In accordance with section 60% constitutes an affirmation under I am aware that any false inform	mber or an amberized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document to the penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60% constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an amberized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document to the penalties of perjury that the facts stated herein are true. Typed or printed name of signee Filing Fees:
E V: Effective date, if other than the date ctive date is listed, the date must be spe f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60% constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an amborized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Typed or printed name of signee