## 1500003133

| (Re                     | questor's Name)    |                 |  |  |
|-------------------------|--------------------|-----------------|--|--|
| (Address)               |                    |                 |  |  |
| (Address)               |                    |                 |  |  |
| (Cit                    | ry/State/Zip/Phone | <del>;</del> #) |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL            |  |  |
| (Bu                     | siness Entity Nam  | ne)             |  |  |
| (Do                     | cument Number)     |                 |  |  |
| Certified Copies        | Certificates       | of Status       |  |  |
| Special Instructions to | Filing Officer:    |                 |  |  |
|                         |                    |                 |  |  |
|                         |                    |                 |  |  |
|                         | •                  |                 |  |  |

Office Use Only

EFFECTIVE DATE OF OUT 5



800267541948

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

2014 DEC 23 PM 3: 15
SESSETARY OF STATE
AND ANASSET FLORIDA

JANO7 2015 J. ERUCE

## **COVER LETTER**

| то:        | Registration of      | n Section<br>Corporations                    |   |   |        |            |        |
|------------|----------------------|--|---|---|--------|------------|--------|
| SUBJE      | CCT: <u>REYN</u>     | OSO HOLDINGS FOUR, L<br>Name of Li           | LC<br>mited Liability Company                                       |   | 1      |            |        |
| The end    | closed Articles      | s of Organization and fee(s) a               | re submitted for filing.  |   | •      |            |        |
| Please i   | return all corre     | espondence concerning this m                 | natter to the following:  |   |        |            |        |
|            | JOHN A               | . DWYER, ESQUIRE                             | N. CD   |   |        |            |        |
|            |                      |  | Name of Person  |   |        |            |        |
|            | JOHN A               | DWYER, ESQUIRE                               |   |   |        |            |        |
|            |                      | •  | Firm/Company  |   |        |            |        |
|            | 506 Nor              | th Alexander Street                          |   | - 1122  |        |            |        |
|            |                      |  | Address   |   |        |            |        |
|            | Plant Cit            | v. Florida 33563                             |   |   |        |            |        |
|            |                      | (  | City/State and Zip Code   |   |        |            |        |
| jac        | lwyer@plant          | citylawyers.com                              |   |   |        |            |        |
|            |                      | E-mail address: (to be use                   | d for future annual report notification                             | ation)  | (C)    | 2014       |        |
| For furt   | her information      | on concerning this matter, ple               | ase call:   |   |        | 2014 DEC   |        |
| loho A     | N Dunior For         | mulino mt (                                  | 042 ) 754 4400  |   | ASS    | 23         | garan- |
| JUITE      | A. Dwyer. Esc<br>Nar | ne of Person                                 | 813 ) 754-1198<br>Area Code Daytime Te                              | lephone Number  | ¥ 0F   | PH         |        |
| Enclose    | ed is a check for    | or the following amount:                     |   |   | STAT   | ယ္         |        |
| □ \$125.00 | 0 Filing Fee         | □\$130.00 Filing Fee & Certificate of Status | ✓\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Filing F<br>Certificate of Sta<br>Certified Copy<br>(additional copy is | itus & | <b>5</b> 1 |        |
|            |                      |  |   |   |        |            |        |

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

| ARTICLE I - Name: The name of the Limited Liability Company is:  |   |  |
|--|---|--|
| REYNOSO HOLDINGS FOUR, L   | LC  |  |
| (Must end with the words "Limited  | Liability Company, "L.L.C.," or "LLC  | C.")   |
| ARTICLE II - Address: The mailing address and street address of the principal of   | ffice of the Limited Liability Company  | y 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 another business entity with an active Florida registration.) The name and the Florida street address of the registered                | Registered Agent. You must designate on.)   | e an individual or                                 |
| _  |   |  |
| Manuel Reynoso Name  | <del></del>   |  |
| 3536 Tommy Brock Place Florida street address (P.O. Bo   | x <u>NOT</u> acceptable)  |  |
| Plant City   | FL 33566  |  |
| City   | Zip   |  |
| Having been named as registered agent and to accept se<br>the place designated in this certificate, I hereby accept<br>capacity. I further agree to comply with the provisions<br>of my duties, and I am familiar with and accept the ob<br>Chap | ot the appointment as registered agent a<br>of all statutes relating to the proper an | and agree to act in this<br>d complete performance |
| Registered Agent's Sign  | mure (REQUIRED)   | ZON DEL  |
| (CONTINE<br>Page t of  | ·   | C 23 PI  |
|  |   | S  |

EFFECTIVE DATE 01/01/15

| <u>Title:</u> "AMBR" = Authorized Member   | Name and Address:   |
|--|---|
| "MGR" = Manager                            |   |
| MRG  | Manuel Revnoso  |
|  | 3536 Tommy Brock Place  |
|  | Plant City, Florida 33566   |
| MRG  | Graciela Revnoso  |
|  | 3536 Tommy Brock Place  |
|  | Plant City, Florida 33566   |
|  |   |
| <del></del>                                |   |
|  |   |
|  |   |
| ·  |   |
|  |   |
|  |   |
| /TT  |   |
| (Use attachment if necessary)              |   |
| CLEV: Effective date if other than the d   | ate of filing: Jamuary 1, 2015. (OPTIONAL)                              |
| effective date is listed, the date must be | specific and cannot be more than five business days prior to or 90 days |
| te of filing.)                             | specific and cannot be more than five business days prior to or 50 days |
| 8.,  |   |
|  |   |
| CLE VI: Other provisions, if any.          |   |
| CLE VI: Other provisions, if any.          |   |
| CLE VI: Other provisions, if any.          |   |

Signature of a member of 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.)

Namel Reynoso
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)

ARTICLE IV-

Page 2 of 2

PILED

-2014 DEC 23 PM 3: 15

SECRETARY OF STATE
PAIL LAHASSEE FLORING