

L15000027887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

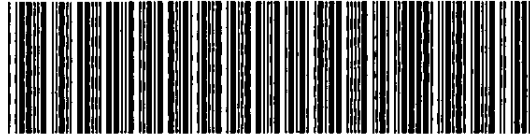
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 16 2015
N. CAUSSEAU

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Orlando Reunion Mgt., 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:

Attorney Michael P. Stupar
Name of Person

Stupar & Schuster, S.C.
Firm/Company

633 W. Wisconsin Ave., Suite 1800
Address

Milwaukee, WI 53203
City/State and Zip Code

joe@therave.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Attorney Michael P. Stupar at (414) 271-8833
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

STUPAR & SCHUSTER, S.C.

A Limited Liability Organization

Attorneys at Law

Suite 1800

633 West Wisconsin Avenue

Milwaukee, Wisconsin 53203-1918

George S. Stupar (1940-1975)

Michael P. Stupar
Jeffrey S. Schuster
Thomas M. Bartell, Jr.

414-271-8833
Fax: 414-271-2866
E-mail: ssc@ssclaw.com

Todd T. Nelson
Andrew R. Helminiak
Timothy J. Granitz

January 27, 2015

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Orlando Reunion Mgt., LLC

Gentlemen:


Please find enclosed duplicate original Cover Letter and Articles of Organization for Florida Limited Liability Company for Orlando Reunion Mgt., LLC. Please file this organization. Please return a Certified Copy to the undersigned in the envelope provided. Also, please forward a Certificate of State for this entity.

My firms check Made payable to the Florida Department of State in the amount of \$160.00 is enclosed for the required fees.

Should you have any questions or concerns please contact the undersigned.

Thank you.

Very truly yours,


Michael P. Stupar
MPS/kmk
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orlando Reunion Mgt., 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:

804 Golden Bear
Reunion, FL 34747

804 Golden Bear
Reunion, FL 34747

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:

Joseph Balestrieri

Name

804 Golden Bear

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

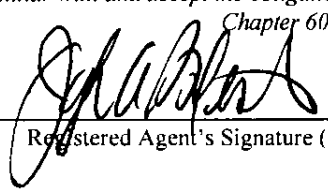
Reunion

FL 34747

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Joseph Balestrieri

804 Golden Bear

Reunion, FL 34747

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TALLAHASSEE, FLORIDA

(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 § 817.155, F.S.)

Joseph Balestrieri

Type or printed name of signer

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)