## <u>L1500012843</u>

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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JUL 28 2015

## **COVER LETTER**

Registration Section

TO:

Div	vision of Corporations			
SUBJECT:	RE & TC, LLC			
be but ett	Name of L	imited Liability Co	ompany	·····
The enclosed	d Articles of Organization and fee(s)	are submitted for f	īling.	
Please return	n all correspondence concerning this i	natter to the follow	ving:	
	William A Sandman			
-		Name of Person	on	
-		Firm/Compar		
	6220 Adhlan Daine	rimi/Compai	iy	
-	6330 Ashley Drive	Address		
	Lakeland, FL 33813			
	bill.sandman@gmail.com	City/State and Zip	Code	
_	E-mail address: (to be use	ed for future annua	l report notificatio	n)
For further in	formation concerning this matter, plea	se call:		
_	Bill Sandman at (	813	361-5106	
	Name of Person	Area Code D	aytime Telephone	Number
Enclosed is	a check for the following amount:			
]\$125.00 Fili	ing Fee \$\frac{130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certificate of Status}}	\$155.00 Fil Certified Co (additional co		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New Divi Clift 2661	et Address Filing Section Sion of Corporatio Con Building Executive Center Canada See, FL 32301	Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	omponicis:		FILED
The hame of the Elimited Elability Co	ompany is.		15 JUL 20 AM 5: 36
RE & TC, LLC			No. of the Control of
(Must end with	the words "Limited	d Liability Co	mpany, "L.L.C. APT" AHSSEE, FLORIDA
ARTICLE II - Address: The mailing address and street addre	ess of the principal o	office of the L	imited Liability Company is:
Principal C	Office Address:		Mailing Address:
6330 Ashley Drive Lakeland, FL 33813			6330 Ashley Drive Lakeland, FL 33813
another business entity with an activ	•	,	
The name and the Florida street addr	ress of the registered	d agent are:	
_	William A Sandr		· · · · · · · · · · · · · · · · · · ·
		Name	
_	6330 Ashley Dri		
F	Florida street addres	ss (P.O. Box 🐧	IOT acceptable)
_	Lakeland, FL 33	3813	
	City	State	Zip
place designated in this certificate, I he further agree to comply with the provis	ereby accept the app sions of all statutes r	pointment as re relating to the	for the above stated limited liability company at the gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

<b>Title:</b> "AMBR" = Authorized	Name and Address:
"MGR" = Manager	Vicinide
	· · · · · · · · · · · · · · · · · · ·
MGR	William A Sandman
	6330 Ashley Drive
	Lakeland, FL 33813
MGR	Judy W Sandman
	6330 Ashley Drive
	Lakeland, FL 33813
EV: Effective date, if o	sary)  ther than the date of filing: July 21, 2015 (OPTIONAL)  date must be specific and cannot be more than five business days prior to or 90
ective date is listed, the of filing.) The date inserted in this	ther than the date of filing: July 21, 2015 (OPTIONAL)  date must be specific and cannot be more than five business days prior to or 90 block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.
E V: Effective date, if of ective date is listed, the of filing.)  'the date inserted in this ment's effective date on E VI: Other provisions, in the entity of the entity	ther than the date of filing: July 21, 2015 (OPTIONAL)  date must be specific and cannot be more than five business days prior to or 96  block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.  f any.
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E V: Effective date, if o ective date is listed, the of filing.) the date inserted in this ment's effective date on E VI: Other provisions, i	ther than the date of filing: July 21, 2015 (OPTIONAL)  date must be specific and cannot be more than five business days prior to or 90 block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.  If any.  IRE:  gnature of a member or an authorized representative of a member.  cument is executed in accordance with section 605.0203 (1) (b), Florida Statutes. are that any false information submitted in a document to the Department of State tes a third degree felony as provided for in s.817.155, F.S.
E V: Effective date, if o ective date is listed, the of filing.) the date inserted in this ment's effective date on E VI: Other provisions, i	ther than the date of filing: July 21, 2015 (OPTIONAL)  date must be specific and cannot be more than five business days prior to or 90 block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.  If any.  The company of a member or an authorized representative of a member.  The company of the degree felony as provided for in s.817.155, F.S.  William A Sandman

ARTICLE IV-