

L15000128554

(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:

Brian Ritz gave verbal  
permission to update  
Effective Date.  
TC, 7/29

Office Use Only



800275038718

07/20/15--01038--011 \*\*155.00

JUL 29 2015  
T CANNON

EFFECTIVE DATE  
July 15, 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ResidenceMagazine.Homes, 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:

Brian Ritz

*Name of Person*

ResidenceMagazine.Homes, LLC

*Firm/Company*

163 Via Napoli

*Address*

Naples, FL 34105

*City/State and Zip Code*

brian@finemagazine.com

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

For further information concerning this matter, please call:

Brian Ritz

*Name of Person*

239

*Area Code*

272-5129

*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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ResidenceMagazine.Homes, 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:**

163 Via Napoli

Naples, FL 34105

**Mailing Address:**

163 Via Napoli

Naples, FL 34105

**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:

Brian Ritz

Name

163 Via Napoli

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

Naples

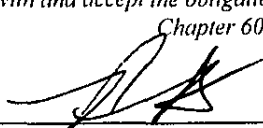
FL

34105

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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUL 20 PM 4:15

**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:

Brian Ritz

163 Via Napoli

Naples, FL 34105

AMBR

Michael Cooper

27103 Matheson Ave Apt 202

Bonita Springs, FL 34135

AMBR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 15<sup>th</sup>, 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.

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.)

Brian Ritz

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  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
15 JUL 20 PM 4:15