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(Business Entity Name)

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2015 NOV -2 PM 3:24
CLERK OF STATE
TALLAHASSEE FLORIDA

NOV 04 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bottles to Buses Home Day Care
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:

Kristen Reinhard
Name of Person

Bottles to Buses Home Day Care
Firm/Company

7158 N. Heather Dr.
Address

Citrus Springs, FL 34444
City/State and Zip Code

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

For further information concerning this matter, please call:

Kris Reinhard at (352) 586-7175
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee
First app
has a check
for \$60.00.

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee, 18
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
15 NOV -2 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2015

KRISTEN REINHARD
7158 N HEATHER DR
CITRUS SPRINGS, FL 34434

SUBJECT: REINHARD FAMILY HOME DAY CARE
Ref. Number: W15000069257

FILED
2015 NOV - 2 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for REINHARD FAMILY HOME DAY CARE and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 915A00022072

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bottles to Buses Home Daycare, 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:

7158 N. Heather Dr.
Citrus Springs, FL 34444

Same

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:

Kristen Reinhard
Name
7158 N. Heather Dr.
Florida street address (P.O. Box **NOT** acceptable)
Citrus Springs FL 34444
City State 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..

Kristen T Reinhard
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
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

MGR

AMBR

Name and Address:

Kristen Reinhard
7158 W. Heather Dr.
Citrus Springs FL 34444

Tara Milidantri
59 S.J. Kellner Blvd
Beverly Hills, FL 34465

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Tara L. Milidantri

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Tara L. Milidantri

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)

2016 NOV -2 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA