

L15000187231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

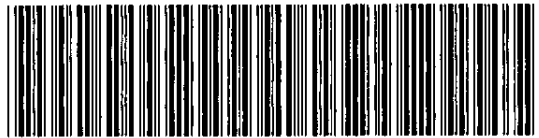
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T. SCOTT



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DEPARTMENT OF REVENUE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV -5 PM 2:35

APPROVED
AND
FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R3ciprocity, 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:

David Maslach

Name of Person

R3ciprocity, LLC

Firm/Company

3159 Nathaniel Trace

Address

Tallahassee, FL 32311

City/State and Zip Code

djmaslach@gmail.com

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

For further information concerning this matter, please call:

David Maslach

850

566-9871

at ()

Name of Person

Area Code

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

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

**ARTICLES OF ORGANIZATION
OF
R3ciprocitiy, LLC**

ARTICLE I: NAME

The name of the limited liability company is R3ciprocitiy, LLC.

ARTICLE II: ADDRESS

The street and mailing address of the principal office of the LLC is:

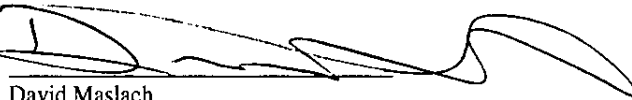
3159 Nathaniel Trace, Tallahassee, FL 32311

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the initial registered agent are:

David Maslach
3159 Nathaniel Trace
Tallahassee, FL 32311

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.



David Maslach

ARTICLE IV: MANAGERS/MEMBERS

The name and address of each person authorized to manage and control the LLC:

Title:

Name and Address:

AMBR

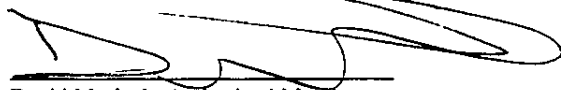
David Maslach
3159 Nathaniel Trace
Tallahassee, FL 32311

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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In accordance with Section 605.0203(1)(b) of Florida's Revised Limited Liability Company Act, 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 Florida Department of State, Division of Corporations constitutes a third degree felony as provided for in §817.155, F.S.



David Maslach, Authorized Member