160000 4311

(Requestor's Name)	
(Address)	400280210
(City/State/Zip/Phone #)	·
PICK-UP WAIT MAIL	12/28/150103
(Business Entity Name)	12/28/150103
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	T DATE /
	EFFECTIVE DATE J J

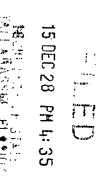
Office Use Only



0914

6--027 ******125.00

6--028 **5.00



JAN₁ 2018

S. GILBERT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tom Reed LLC
SUBJECT: 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:
Thomas K Reed, Sr. Name of Person
Name of Person
Tom Reed LLC
Firm/Company
13171 Cajuput Dr
Address
Fort Myers FL 33908 City/State and Zip Code barble reed 53 @ gmail. Com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Baybie Reed at (201) 415-2249 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount
\$125.00 Filing Fee \$\text{Certificate of Status}\$\$ (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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:	ED
Tom Reed	15 DEC 28 PM 4: 35
(Must end with the words "Limited Liability Comp	any, "L.L.C.," or "LLC.") TALLA RESERVEDA
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit	ited Liability Company is:
Principal Office Address:	Mailing Address:
13171 Cajuput Dr Fort Myers, FL 33908	13171 Cajuput Dr Fort Myers FL 33908
ARTICLE III - Registered Agent, Registered Office, & Registered Age (The Limited Liability Company cannot serve as its own Registered Age another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	フ .

Barbara Reed

Name

13171 Cajuput Dr

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

Fort Myers FL 33908

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. Thereby 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)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Thomas K Reed Sr 13171 Cajuput Dr Fort Myers FL 3390
(Use attachment if necessary)	
F.V. Effective date if other than the date of fil	tino: (TANKARY 1.2016 (OPTIONAL)
of filing.)	ting: <u>Tanuary 1, 2016</u> . (OPTIONAL) or and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not be tate's records.
of filing.) The date inserted in this block does not meet to ment's effective date on the Department of St	the applicable statutory filing requirements, this date will not be
of filing.) The date inserted in this block does not meet (the applicable statutory filing requirements, this date will not be
of filing.) If the date inserted in this block does not meet to ment's effective date on the Department of St. E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false info	the applicable statutory filing requirements, this date will not be
the date inserted in this block does not meet to ment's effective date on the Department of St. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false inforconstitutes a third degree felo	er or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes ormation submitted in a document to the Department of Statutes

Page 2 of 2