

L160000033895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

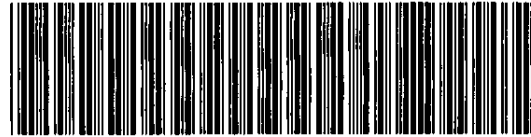
(Business Entity Name)

(Document Number)

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02/10/16--01014--020 \*\*130.00

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16 FEB 10 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Lc  
FEB 19 2016

R. VANCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Justin Charles Reed Marketing 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:

Justin Charles Reed  
\_\_\_\_\_  
Name of Person  
  
Justin Charles Reed Marketing  
\_\_\_\_\_  
Firm/Company  
  
8429 Cedar Cove Drive  
\_\_\_\_\_  
Address  
  
Orlando, FL 32819  
\_\_\_\_\_  
City/State and Zip Code  
  
justinnreedd@aol.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Charles Reed      407      484-7687  
\_\_\_\_\_  
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 FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

16 FEB 10 PM 4: 14

Justin Charles Reed Marketing LLC.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(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:**

8429 Cedar Cove Drive  
Orlando, FL 32819

8429 Cedar Cove Drive  
Orlando, FL 32819

**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:

Justin Charles Reed

Name

8429 Cedar Cove Drive

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

Orlando

FL

32819

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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

**Name and Address:**

Justin Charles Reed

8429 Cedar Cove Drive

Orlando, FL 32819

(Use attachment if necessary)

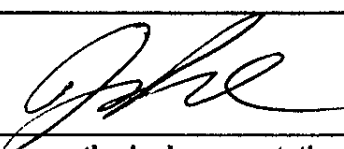
**ARTICLE V:** Effective date, if other than the date of filing: 02/08/2016, (OPTIONAL)

(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:**



**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.

Justin Charles Reed

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)**