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Certified Copies	_ Certificates	of Status
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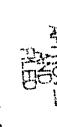




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BEPARTMENT OF STATE

a 02/24/16

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fred Leonard Reeves 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:
Adrius Middleten, Esq. Name of Person
Middleten 2 Middleten P.A. Firm/Company
227 E. Gta Ace
City/State and Zip Code City/State and Zip Code Charles and Milletten and Middletten. E-mail and a sessi (to be used for future annual report notification)
For further information conce. Ans, this matter, please call:
Adrius Midd Setyat (850) 724-2465 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Street Address

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

he name of the Limited Liability Company is: Fred Leonare (Must end with the words "Limited Liability")	d Refues UC
RTICLE II - Address: he mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7848 Palomino To	- Same
- Tacksenusle FL 35244	L

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

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

Talluhusse EC 32303

Having been named as registered agent and to accept service of process for the above stated limit & Bability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree whom in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my anties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 895, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 FEB 24 PM 4: 26

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR.	Name and Address: Fred Leonard Reeves, 7848 Palomino Ti Sallsonville F232		
<u> prior</u>			
-			
(Use attachment if necessary)			
(If an effective date is listed, the date must be spec the date of filing.)	f filing:		
REQUIRED SIGNATURE:			
This document is executed I am aware that any false i	d in accordance with section 605.0203 (1) (b), Florida Statutes. nformation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.		

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)

Page 2 of 2

SECHIENTO OF STREET

