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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE
ALLAHASSEE FLORIDA

COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	Reliance Service & Repair	LLC
SOBJECT		me of Limited Liability Company
The enclos	ed Articles of Organization and	d fee(s) are submitted for filing.
Please retu	rn all correspondence concerni	ng this matter to the following:
	Henry Renaud	
		Name of Person
	Reliance Service & Repair L	LC
		Firm/Company
	128 Owl Pointe Circle	
		Address
	Jupiter, Florida 33458	
	henryrenaud4@hotmail.com	City/State and Zip Code
•	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this ma	tter, please call:
	Henry Renaud	561 758-5267 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed in	s a check for the following amo	ount:
\$125.00 F	iling Fee \$130.00 Filing Certificate of	Status S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section

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

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	ARTICLE I - Name:				
(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: 128 Owl Pointe Circle	The name of the Limited Liability	Company is:	•		
(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: 128 Owl Pointe Circle					
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The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address:	ARTICLE II - Address:				
128 Owl Pointe Circle Jupiter, Florida 33458 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: Henry Renaud		dress of the principal o	ffice of the Limited L	iability Company is:	
128 Owl Pointe Circle Jupiter, Florida 33458 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: Henry Renaud	Principo	l Office Address:		Mailing Ad	drace.
Jupiter, Florida 33458 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: Henry Renaud Name 128 Owl Pointe Circle Florida street address (P.O. Box NOT acceptable) Jupiter Florida 33458 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.	rimcipa	i Office Address.		Walning Au	<u>ui css</u> .
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Registered Agent's Signature (REQUIRED)					
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Registered Agent's Signature (REQUIRED)			Honny Roma	and.	
		Regist	tered Agent's Signatu	re (REQUIRED)	-
		_	•		
(CONTINUED)					

Page 1 of 2

16 MAR 31 PH 3: 42
SECRETARY OF STALL
TALLAHASSEF FLORIDA

Title:		Name and Address:	
"AMBR" = Autho	rized Member		
"MGR" = Manage			
MGR		Henry Renaud	
		128 Owl Pointe Circle	
		Jupiter, Florida 33458	
	· · · · · ·		
EV: Effective dat ctive date is lister	e, if other than the date	of filing: (OPTIONA ecific and cannot be more than five business days prior	
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ARTICLE IV-

Page 2 of 2