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· (Re	equestor's Name)	, <u>•</u>
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(Ad	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone #)
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	·
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
Name of Emilied Elabanty Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Name of Person
Them Consulting
Firm/Company
2010 NE 24th Street
Address
Ford Gauder Cale, Fl 33305 City/State and Zip Code Prilren @ gmall. com Trail address (to be used for fixture annual report potification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Son Zein at (954, 803-5236
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Marthan Addition

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

ARTICLE I - Name: The name of the Limited Liability Company is:			
Rein Consult	ma, UC		
(Must end with the words "Limited Liability Com	nparty, "L.D.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	nited Liability Company is:		
Principal Office Address:	Mailing Address:		
2616NE 24+H STREET Fr. Lawderrale, FL 33305	<u>Same</u>		
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.)		ial or	
The name and the Florida street address of the registered agent are:	•		
Jone L. F	sem		
Name			
	th Street		
Florida street address (P.O. Box No.			
ft. Lauberbal	e. fl 33305		
City State	Zip		
Having been named as registered agent and to accept service of process for place designated in this certificate, I hereby accept the appointment as registrer agree to comply with the provisions of all statutes relating to the property am familiar with and accept the obligations of my position as registered again.	sistered agent and agree to act in this roper and complete performance of m	capacity. ny duties, a	I
Pagisland Agan's S	ignature (REOLUBED)		
Registered Agent § S	ignature (REQUIRED)		
(CONTINU	ED)	16 JUN	
Page 1 of	2	5	11
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" - Authorized Member "MGR" = Manager		
	Joni L. Kern	
	24th St	
	Flancorpale Er 33302	
AMBE	LOVEY N. Rein	
-	26110 NE 24th St	
	F. Landendale, fr 3230	2
AMBR	Sarah m Bein	
	210110 NE 24+17 ST	_ _
	ff. Laurenale, fr 3330	₹ <u>></u>
		
(Use attachment if necessary)		
(obe action in necessary)		
CLE V: Effective date, if other than the date of	of filing: (OPTIONAL)	
e of filing.) If the date inserted in this block does not meanified the cument's effective date on the Department of the CLE VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will of State's records.	not be
If the date inserted in this block does not meanent's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a meanent of the Department of th	of State's records. mber or an authorized representative of a member.	
REOUTED SIGNATURE: Signature of a mer This document is executed in this block does not mere the company of the date on the Department of the company of the	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statut information submitted in a document to the Department of Sta felony as provided for in s.817.155, F.S.	es.
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OPERATING AGREEMENT FOR LLC

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SECRETARY OF STATE