

L16000150653

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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**TO: New filing section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL, 32301**

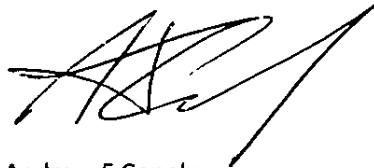
**FROM: Andrew Conely
37844 TLC Lane
Dade City FL 33525
(813) 918 6708
Email: aconely@homtail.com**

To whom it may concern:

Please see enclosed LLC filing paperwork for CIRES LLC. This name is registered under the LLCs
Registered Agent Andrew F Conely through SUNBIZ portal as a authorized fictitious name.

Please feel free to address all questions or additional requirements to the above EMAIL – PHONE – or
ADDRESS, and they will be handled promptly to assure proper processing and registration can be done.

Thank You



Andrew F Conely

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TALLAHASSEE, FLORIDA
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CIREs 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:

Thomas S Conely Sr

Name of Person

CIREs LLC

Firm/Company

37844 TLC Lane

Address

Dade City FL 33525

City/State and Zip Code

CIREsLLC2016@gmail.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Andrew F Conely

813

918 6708

at ()

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CIRES LLC

(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:

37844 TLC Lane
Dade City FL 33525

37844 TLC Lane
Dade City FL 33525

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:

Andrew F Conely

Name

37844 TLC Lane

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

Dade City

FL

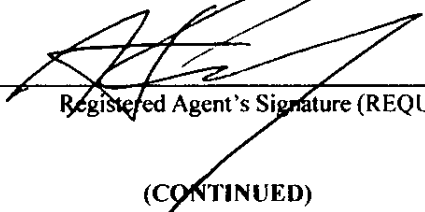
33525

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)

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SEC. 605
DATE
2006

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Thomas S Conely Sr

37844 TLC Lane

Dade City FL 33525

AMBR

Daniel J Conely

37844 TLC Lane

Dade City FL 33525

AMBR

Thomas S Conely

7500 Sunshine Skyway Ln, Unit T-8

St. Petersburg FL 33711

AMBR

Andrew F Conely

5746 9th Street

Zephyrhills FL 33542

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

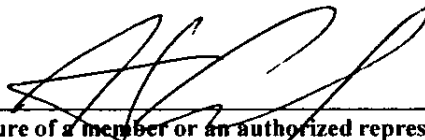
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

1. Additional Authorized Member (AMBR) Ricarda A Leanillo Conely, 7500 Sunshine Skyway Lane, Unit T-8 St Petersburg, FL 33711 (see attachment).
2. Listed Authorized Members hold 1/5th share of ownership CIRES LLC.
3. Five owners must vote in simple majority to amend this document or terms and conditions of LLC.

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.

Andrew F Conely

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)

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TALLAHASSEE, FLORIDA

ATTACHMENT TO PAGE 2 OF 2

NOTICE OF LLC FILING, STATE OF FLORIDA FOR: CIRES LLC

In addition to all Authorized Members the following name is to be ADDED and accepted:

ARTICLE IV: The name and address of additional person authorized to manage and control the Limited Liability Company is:

Title: AMBR

Name and Address: Ricarda A Leanillo Conely, 7500 Sunshine Skyway Lane, Unit T-8, St Petersburg FL 33711

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