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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	A/C REAVES ENTERPRISES, LLC		
SUBJEC	Name of Lir	nited Liability Company	
The enclo	sed Articles of Organization and fee(s) ar	e submitted for filing.	
Please ret	urn all correspondence concerning this ma	after to the following:	
	Artis C. Reaves	· ·	
		Name of Person	
	A/C REAVES ENTERPRISES, LLC		
Firm/Company			, ,
	34 East 21st Street	Address	Ţ
Address Riviera Beach, FL 33404			
			21
	C artisreaves60@gmail.com	City/State and Zip Code	.2.0 C
	E-mail address: (to be used	for future annual report notification)	·
For further	information concerning this matter, pleas	e cali:	
	Artis Reaves - 50	61 351-7395	
	Name of Person A	rea Code Daytime Telephone Number	
Enclosed	is a check for the following amount:		
]\$125.00 F	,	\$155.00 Filing Fee & \$160.00 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

The name of the Limited Liability Company is:

A/C REAVES ENTERPRISES, LLC

ARTICLE II

The mailing address and street of the principal office of the Limited Liability Company is:

Principle Office Address:

34 East 21st Street Riviera Beach Florida 33404

Mailing Address
34 East 21st Street Riviera Beach Florida 33404

ARTICLE III

The name and the Florida street address of the Registered Agent, Registered Office, and Registered Agent's Signature are:

Artis C. Reaves 34 East 21st Street Riviera Beach Florida 33404

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..

(CONTINUED)

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ARTICLE IV

Purpose: Any and all lawful business including but not limited to electrical repairs and housing maintenance.

ARTICLE V

The name and address of person(s) authorized to manage the LLC:

Title: MGR
Artis C. Reaves
34 East 21st Street
Riviera Beach Florida 33404

Signature of Manager/Authorized Representative

I am the manager or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.