

L17000027496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600295117596

02/06/17--01033--022 \*\*130.00

FILED  
2017 FEB - 6 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V HERRING  
FEB - 7 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REYNALDO IRIZARRY PARTNERS, 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:

REYNALDO IRIZARRY  
\_\_\_\_\_  
Name of Person

REYNALDO IRIZARRY PARTNERS, LLC.  
\_\_\_\_\_  
Firm/Company

7306 ENSENADA COURT APT 102  
\_\_\_\_\_  
Address

TAMPA FL, 33634  
\_\_\_\_\_  
City/State and Zip Code

irizarry9242@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REYNALDO IRIZARRY                      813                      316-7609  
\_\_\_\_\_  
Name of Person                      at (                      )                      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

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2017 FEB -6 AM 10: 59

REYNALDO IRIZARRY PARTNERS, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7306 ENSENADA COURT APT 102  
TAMPA FL, 33634

7306 ENSENADA COURT APT 102  
TAMPA FL, 33634

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.)

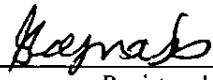
The name and the Florida street address of the registered agent are:

REYNALDO IRIZARRY  
Name

7306 ENSENADA COURT APT 102  
Florida street address (P.O. Box **NOT** acceptable)

TAMPA                      FL                      33634  
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)

**ARTICLE IV-**

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

FILED

2017 FEB -6 AM 11:00

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

REYNALDO IRIZARRY  
7306 ENSENADA COURT APT 102  
TAMPA FL, 33634

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR

REYNALDO IRIZARRY  
7306 ENSENADA COURT APT 102  
TAMPA FL, 33634

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01-01-2017 (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.

**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.

REYNALDO IRIZARRY

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)