

L17000079793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

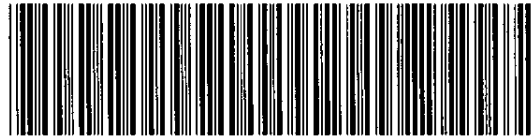
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900297692489

04/10/17--01001--009 \*\*125.00

FILED  
2017 APR 10 PM 3:34  
TALLAHASSEE, FLORIDA

RECEIVED  
2017 APR 10 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

APR 10 2017

**CORPORATE  
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**WALK IN**

**PICK UP:** 4-10-17

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- ☒ **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- ☒ **FILING** LLC \_\_\_\_\_

1. Rebo Enterprises - Georgia LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2017 APR 10 PM 3:34  
TALLAHASSEE, FL 32303  
FILING

**Articles of Organization  
For  
Pebo Enterprises - Georgia LLC  
Florida Limited Liability Company**

FILED  
2017 APR 10 PM 3:36  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is Pebo Enterprises - Georgia LLC

**ARTICLE II - Address:**

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

3283 Edgewood Ave West  
Jacksonville, FL 32209

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Vanessa Cullins  
3283 Edgewood Ave West  
Jacksonville, FL 32209

*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.*

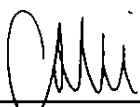
  
\_\_\_\_\_  
Vanessa Cullins, Registered Agent

4-7-17

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Vanessa Cullins  
3283 Edgewood Ave West  
Jacksonville, FL 32209

  
\_\_\_\_\_  
Carri Brown, Organizer