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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (800)345-4647 Fax Number : (800) 432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

T47	Address:		
cmall	Address:		

## FLORIDA LIMITED LIABILITY CO. REI NEW HAVEN AVE. MELBOURNE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLOR	RIDA LIMITED LIABILITY COMPANY
RTICLE I - Name:	
he name of the Limited Liability Company is:	
REI NEW HAVEN AVE. MBLBOURNE, LLC	
(Must contain the words "Limited Light	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	#41 - x 1 41 . 1 x 1 . 1 (1) x 1
he mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Malling Address:
3801 PGA Boulevard, #600	3801 PGA Boulevard, #600
Palm Beach Gardens, PL 33410-2756	Palm Beach Gardens, FL 33410-2756
RTICLE III - Registered Agent, Registered Office, & Re The Limited Liability Company cannot serve as its own Regi- nother business entity with an active Florida registration.)	
The name and the Florida street address of the registered ager	nt are:
Capitol Corporate Service	es, Ino.
Nar	me .
155 Office Plaza Dr., Suit	

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 any position as registered agent as provided for in Chapter 605, F.S.

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

FL

State

Tallahassee

City

Sadi Boyette, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

32301

Zip

gnature (REQUIREO)

(CONTINUED)

Page 1 of 2

MGR" = Manager  AGR  REI NWCO LLC, Manager  3801 PGA Blvd.,#600, Palm Bch Gardens, FL 3341(  Use attachment if necessary)  V: Effective date, if other than the date of filing:	AMBR" = Authortzed Member MGR" = Manager MGR	Name and Address:
Use attachment if necessary)  V: Effective date, if other than the date of filing:  the date is listed, the date must be specific and cannot be more than five business days prior to or 90 d filing.)  he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records.  VI: Other provisions, if any, as for which the company is formed is for the transaction of any and all lawful purposes for which a limite impany may be organized under the Florida Statutes.  Signature of a member of an autiborized 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.	-	
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