

L17000094105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

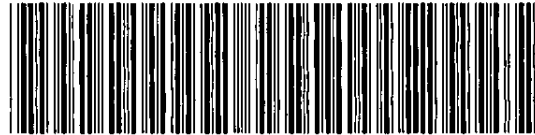
(Document Number)

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TALLAHASSEE, FLORIDA

2017 APR 25 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

APR 28 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 611113 4345405

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ 125.00

ORDER DATE : April 21, 2017

ORDER TIME : 12:47 PM

ORDER NO. : 611113-005

CUSTOMER NO: 4345405

DOMESTIC FILING

NAME: REITZ FAMILY PARTNERSHIP,
L.L.C.

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: _____

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2017 APR 25 AM 11:12
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Reitz

Apr 21 2017 03:14pm
5615292167

p.3

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2017 APR 25 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RFFP, L.L.C.
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:

Joseph S. Aboyoun, Esq.

Name of Person

Aboyoun & Heller, LLC

Firm/Company

77 Bloomfield Avenue (Rt. 46W)

Address

Pine Brook, New Jersey 07058

City/State and Zip Code

jaboyoun@aboylelaw.com

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

For further information concerning this matter, please call:

_____ 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

2017 APR 25 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 26, 2017

CORPORATION SERVICE COMPANY

RESUBMIT

Please give original
submission date as file date

SUBJECT: REITZ FAMILY PARTERSHIP, L.L.C.
Ref. Number: W17000036019

We have received your document for REITZ FAMILY PARTERSHIP, L.L.C. and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 817A00008174

2017 APR 27 PM 4:23

Received:
Reitz

Apr 21 2017 03:36pm
5615292167

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2017 APR 25 AM 11:12

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RFFP, L.L.C.

(Must contain 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:

18485 SE Village Circle
Tequesta, Florida 33469

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:

Edward Reitz

~~Corporate Registered Agent~~
Name

~~Corporate Registered Office~~ 18485 SE Village Circle

Florida street address (P.O. Box NOT acceptable)
Tequesta, Florida 33469

~~City~~ TE ~~State~~ FL ~~Zip~~ 33469

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.

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Apr 21 2017 03:14pm
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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Edward Reitz

18485 SE Village Circle

Tequesta, Florida 33469

Manager

Eric Reitz

203 Remsen Avenue

Spring Lake, New Jersey 07762

Manager

Victoria Reitz

144 West 23rd Street, Apt. 5F

New York, New York 10011

Manager

Ross Reitz

800 Main Street, Apt. 302

Belmar, New Jersey 07719

(Use attachment if necessary)

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

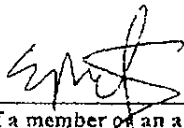
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

REQUIRED SIGNATURE:

X



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.

Edward Reitz

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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2017 APR 25 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA