

L17000120615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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

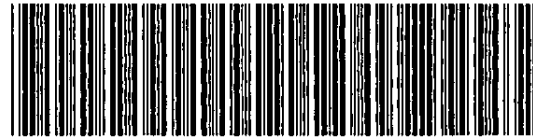
Special Instructions to Filing Officer:

Office Use Only

W17000120615

JUN 02 2017

T. SCOTT



900296945039

04/03/17--01022--014 \*\*78.75

900296945039  
05/31/17--01035--008 \*\*46.25

17 MAY 31 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT:

R & R Bath Essentials, 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:

Renee Reyes - White

Name of Person

R & R Bath Essentials, LLC

Firm/Company

1154 Maracaibo St

Address

Port Charlotte, FL 33980

City/State and Zip Code

randrbathessentials@gmail.com

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

For further information concerning this matter, please call:

Renee Reyes-White at (941) 421-4768

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R & R Bath Essentials, LLC

(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:

1154 Naracaiiba St  
Port Charlotte, FL 33980

Mailing Address:

1154 Naracaiiba St  
Port Charlotte, FL 33980

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:

Rhonda Owen

Name

12066 Clarendon Ave

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

Port Charlotte FL 33981

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.*

Rhonda Owen

Registered Agent's Signature (REQUIRED)

(CONTINUED)

RECEIVED  
AND  
FILED  
17 MAY 31 AM 8:46  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

**Name and Address:**

Renee Reyes - White  
1154 Maracaybs St  
Port Charlotte, FL 33980

Rhonda Owen  
12064 Clarendon Ave  
Port Charlotte, FL 33981

(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:**

Renee Reyes - White

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.

Renee - Reyes - White  
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)

To Tyron Scott

I would like to change my filing from INC to LLC for R&R Bath Essentials. Please apply the \$78.75 towards the \$125.00 filing fee.

Thank you

Renee Reyes - White