L1800007529

| | (Rec | |
|---------------------|----------|------|
| | | |
| - | (Ado | |
| | | |
| | (Addr | |
| | | |
| | (City | e #* |
| PICK- | UP | :_ |
| | (ii). | sme. |
| | (D | |
| Certified Copies | | 1 5, |
| Special Instruction | ons to i | |
| · | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



900307527209

01/11/18 -01001--011 **155.00

18 JAN 10 AM 4: 29
JALLANASSEE, FLORIDA

18 JAH 10 PH12:57

M. MOON JAN 11 2018 ly

| • • • • • • | , | , | | | | | |
|---|--|---------------|--|--|---------------|-------------|-----|
| CAPITAL CO 417 E. Virginia Street, So (850) 224-8870 • 1-80 | uite I • Tallahassee, l | Florida 32301 | | | | | |
| R2 Contracting, LLC | | | | | | | |
| | | | | Art of Inc. File LTD Partnership F | ile_! | | |
| | | | —————————————————————————————————————— | Foreign Corp. File L.C. File Fictitious Name F Trade/Service Man | ile | | |
| | | | | RA Resignation_ | le | | |
| | | | | Cert. Copy | Į. | | |
| | | | | Certificate of Stat | usitious Name | | |
| Signature | ······································ | | | Officer Search Fictitious Search Fictitious Owner Vehicle Search | | 18 JAN 10 P | |
| Requested by: SETH Name | 01/10/18 Date | Time | | Driving Record_ UCC 1 or 3 File_ UCC 11 Search_ | | PH 12: 57 | - 1 |
| Walk-In | Will Pick Un | TIME | | UCC II Retrieva | 1 | - | |

COVER LETTER

| TO: | New Filing Section Division of Corporations | | | |
|-------------|---|------------------|--|--|
| SUBJEC | R2 Contracting, LLC | | | |
| SUBJEC | | Limited Liabil | ity Company | _ |
| The enci | osed Articles of Organization and fee(s |) are submitted | for filing. | |
| Please re | turn all correspondence concerning this | matter to the | following: | |
| | Richard A. Miller | | | 1 |
| | | Name of | Person | |
| | Miller Law, P.A. | | | |
| | | Firm/Co | пірапу | <u> </u> |
| | 2323 S. Florida Avenue | | | |
| | | Addr | C\$S | i l |
| | Lakeland, Florida 33803 | | | 1 |
| | roadster406@hotmail.com | City/State an | d Zip Code | |
| | | sed for future a | nnual report notification) | \ |
| For further | information concerning this matter, ple | ease call: | | |
| | Richard A. Miller | 863 (| 688-7038 - | |
| | Name of Person | Area Code | Daytime Telephone Number | † |
| Enclosed | is a check for the following amount: | | | • |
| | Filing Fee \$130.00 Filing Fee & Certificate of Status | LlCertific | ed Copy Certificated Copy is enclosed) Certified | Filing Pee, and of Status & Copy |
| | 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: | |
|--|--|
| R2 Contracting, LLC | · |
| (Must contain the words "Limited Liabili | ity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office o | of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2710 Highlands Creek Drive | 2710 Highlands Creek Drive; |
| Lakeland, Florida 33813 | Lakeland, Florida 33813 |
| ARTICLE III - Registered Agent, Registered Office, & Reg The Limited Liability Company cannot serve as its own Regis another business entity with an active Florida registration.) The name and the Florida street address of the registered agent | tered Agent. You must designate an individual or |
| the mante and the Phonda street address of the registered agent | DIG. |
| Stephanie Smith | |
| Nam | c I |
| 2710 Highlands Creek Driv | e; |
| Florida street address (P.O. | ·· |

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.

Lakeland

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Florida

State

33813

Zip

. .

PH 12:57

| Title: "AMBR" = Authorized Membe | Name and Address: | |
|--|--|---|
| "MGR" = Manager MGR | Richard E. Rahn | |
| 1101 | 5060 Ironwood Trail | <u> </u> |
| | Bartow, Florida 33830 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| (Use attachment if necessary) | | |
| | the date of filing: | \ \ |
| f filing.) the date inserted in this block donent's effective date on the Dep & VI: Other provisions, if any. | es not meet the applicable statutory filing requirent rement of State's records. | nents, this date will not be listed a |
| the date inserted in this block do nent's effective date on the Dep | | |
| the date inserted in this block denent's effective date on the Dep E VI: Other provisions, if any. REQUIRED SIGNATURE: | of a member or an authorized representative of | a member. |
| the date inserted in this block denent's effective date on the Dep E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if am aware that | of a member or an authorized representative of executed in accordance with section 605.0203 (1) my false information submitted in a document to the | a member. (b), Florida Statutes. |
| the date inserted in this block denent's effective date on the Dep E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if am aware that a constitutes a thir | of a member or an authorized representative of executed in accordance with section 605.0203 (1) my false information submitted in a document to the degree felony as provided for in s.817.155, F.S. | a member. (b), Florida Statutes. e Department of State |
| the date inserted in this block denent's effective date on the Dep E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if am aware that a constitutes a thir | of a member or an authorized representative of executed in accordance with section 605.0203 (1) my false information submitted in a document to the degree felony as provided for in s.817.155, F.S. | a member. (b), Florida Statutes. e Department of State |
| the date inserted in this block denent's effective date on the Dep E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if am aware that a constitutes a thir | of a member or an authorized representative of executed in accordance with section 605.0203 (1) my false information submitted in a document to the | a member. (b), Florida Statutes. e Department of State |
| the date inserted in this block denent's effective date on the Dep E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if am aware that a constitutes a thir | of a member or an authorized representative of executed in accordance with section 605.0203 (1) my false information submitted in a document to the degree felony as provided for in s.817.155, F.S. Typed or printed name of signee | a member. (b), Florida Statutes. e Department of State |
| the date inserted in this block denent's effective date on the Dep B VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if am aware that a constitutes a thir R: Cl. \$125.00 Filing Ree for Article \$ 30.00 Certified Copy (Opti | of a member or an authorized representative of executed in accordance with section 605.0203 (1) my false information submitted in a document to the degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filling Fees; of Organization and Designation of Registered analy | a member. (b), Plorida Statutes. e Department of State |
| the date inserted in this block denent's effective date on the Dep B VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if am aware that a constitutes a thir Reconstitutes a third Reconstitutes a third Reconstitutes a thir Reconstitutes a thir Reconstitutes a third Rec | of a member or an authorized representative of executed in accordance with section 605.0203 (1) my false information submitted in a document to the degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filling Fees; of Organization and Designation of Registered analy | a member. (b), Florida Statutes. e Department of State |
| the date inserted in this block denent's effective date on the Dep B VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if am aware that a constitutes a thir R: Cl. \$125.00 Filing Ree for Article \$ 30.00 Certified Copy (Opti | of a member or an authorized representative of executed in accordance with section 605.0203 (1) my false information submitted in a document to the degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filling Fees; of Organization and Designation of Registered analy | a member. (b), Plorida Statutes. e Department of State |
| the date inserted in this block denent's effective date on the Dep B VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if am aware that a constitutes a thir R: Cl. \$125.00 Filing Ree for Article \$ 30.00 Certified Copy (Opti | of a member or an authorized representative of executed in accordance with section 605.0203 (1) my false information submitted in a document to the degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filling Fees; of Organization and Designation of Registered analy | a member. (b), Florida Statutes. e Department of State |
| the date inserted in this block denent's effective date on the Dep B VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if am aware that a constitutes a thir R: Cl. \$125.00 Filing Ree for Article \$ 30.00 Certified Copy (Opti | of a member or an authorized representative of executed in accordance with section 605.0203 (1) my false information submitted in a document to the degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filling Fees; of Organization and Designation of Registered analy | a member. (b), Florida Statutes. e Department of State |
| the date inserted in this block denent's effective date on the Dep B VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if am aware that a constitutes a thir R: Cl. \$125.00 Filing Ree for Article \$ 30.00 Certified Copy (Opti | of a member or an authorized representative of executed in accordance with section 605.0203 (1) my false information submitted in a document to the degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filling Fees; of Organization and Designation of Registered analy | a member. (b), Florida Statutes. e Department of State |
| the date inserted in this block denent's effective date on the Dep B VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if am aware that a constitutes a thir R: Cl. \$125.00 Filing Ree for Article \$ 30.00 Certified Copy (Opti | of a member or an authorized representative of executed in accordance with section 605.0203 (1) my false information submitted in a document to the degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filling Fees; of Organization and Designation of Registered analy | a member. (b), Florida Statutes. e Department of State |
| the date inserted in this block denent's effective date on the Dep B VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document if am aware that a constitutes a thir R: Cl. \$125.00 Filing Ree for Article \$ 30.00 Certified Copy (Opti | of a member or an authorized representative of executed in accordance with section 605.0203 (1) my false information submitted in a document to the degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filling Fees; of Organization and Designation of Registered analy | a member. (b), Florida Statutes. e Department of State |