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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: REC Mobile MAINTENANCE LL 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:
Ront/ Streeter Name of Person
Firm/Company
9923 MARley Auc. Address
New Port Richey, Fla. 34654 City/State and Zip Code Rimald Street of 65 & GMAIL (com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ron Streetes at (777) 455-029Co Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S125.00 Filing Fee
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

REC Mabile Maintenance 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:	<u>Mailing Address</u> :
9923 MARLEY AVE	9923 MARIEN AUG
11911 PORT RICHAU	New PORT RICHEY
F/A 34/6-4	FIA 34654
	7-1

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:

Routld Stree	eter
9923 Marley Florida street address (P.O. Box 1	AUL_
Mew Port Riche. City State	
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Ronald Streeter 9923 MARIEY AVE New Port Richel Flat 34454
AMBR	Chaistine Streeter 9119 Cocki Loop New Part Richey Fla 54654
(Use attachment if necessary)	
an effective date is listed, the date must be sp date of filing.)	of filing: AND 17 2018 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a of State's records.
TICLE VI: Other provisions, if any.	

REQUIRED SIGNATURE:

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.

Ronald R Streete
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)