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2018 MAY -7 AM II: 40

SECRE INST OF STATE
TALLAHASSEE E BRIDE

TO: New Filing Section Division of Corporations
SUBJECT: THE REBATE KEALLOUR 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:
CHRISTOPHER TREYRE
Name of Person
THE REBATE REALDUR
Firm/Company
4139 BROAD PORCH RUN
Address
LANDOLAKES FL 34638
City/State and Zip Code CFREY REG FREY RELESTATE. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHETSTRAKER FREYRE at (813, 562-4033
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

, COVER LETTER

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

RTICLE I - Name:	
the name of the Limited Liability Company is:	
THE REBATE REALTOUR LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
4139 BROAD PORCH RUN LAND O LAKES FL 34638 1AND O LAKES PL 34638	
CHICO CHES, FC STOO	
RTICLE 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 nother business entity with an active Florida registration.)	
he name and the Florida street address of the registered agent arg:	
the name and the Florida street address of the registered agent are: CHRISTOPHER HUAN TREYRE Name	
Name	_
1120 BOON HOCKE WIN	
Florida street address (P.O. Box NOT acceptable)	ت
LANDO LAKES FL 3A638	

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..

State

City

(CONTINUED)

Zip

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	CHRISTOPHER FREYRE A139 BECAD HORCH KUND LAND O LAKES, FL. 34638
Tective date is listed, the date must be spec of filing.) If the date inserted in this block does not mument's effective date on the Department of	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 da eet the applicable statutory filing requirements, this date will not be of State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not manner is effective date on the Department of	cific and cannot be more than five business days prior to or 90 da eet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not manner ament's effective date on the Department of	cific and cannot be more than five business days prior to or 90 da eet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date of fective date is listed, the date must be special filing.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a meaning date of the Department of a meaning date of the Department of t	cific and cannot be more than five business days prior to or 90 da eet the applicable statutory filing requirements, this date will not be

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)