

L18 000 135 565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

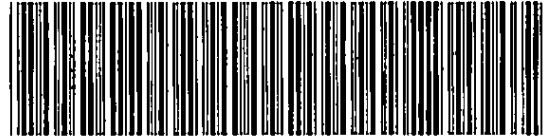
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200311620822

04/13/18--01021--031 **130.00

FILED
18 MAY 30 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
D O'KEEFE
JUN 06 2018

W18-36848



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2018

ROBERT REBEY
322 LANGHOLM DRIVE
VENICE, FL 34293

SUBJECT: ROBERT REBEY LLC
Ref. Number: W18000036848

FILED
18 MAY 30 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ROBERT REBEY LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L16000186362.

The business entity that you are forming cannot serve as its own registered agent. You may designate an individual or another business entity with an active registration or filing with this office. The newly designated registered agent must have a Florida street address and must sign accepting the designation. Please amend your document accordingly.

Please return 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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 818A00007916

Daniel -

Please close ROBERT REBEY LLC
and start-up ROBERT REBEY 322 LLC
as we discussed today. Apply the
\$130⁰⁰ check for this you already
have received and mail back \$8.75.

Thank you
Robert Rebey
322 Langhorn Drive
Venice, Florida
34293

RECEIVED

2018 MAY 30 PM 12:17

ASSOCIATIONS
BUREAU OF COMMERCIAL
TRADING AND SERVICES

ATTN: DANIEL A'KEIKE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ROBERT REBEY 322 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:

ROBERT REBEY
Name of Person

ROBERT REBEY 322 LLC
Firm/Company

322 LANGHOLM
Address

VENICE, FLORIDA 34293
City/State and Zip Code

Robert.Rebey@kw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT REBEY at 941 786-4169
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)

ALREADY
PAID

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:

ROBERT REBEY 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:
322 LANGHOLM DRIVE
VENICE, FLORIDA
34293

Mailing Address:
322 LANGHOLM DRIVE
VENICE, FLORIDA
34293

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:

ROBERT REBEY
Name
322 LANGHOLM DRIVE
Florida street address (P.O. Box **NOT** acceptable)
VENICE FLORIDA 34293
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.,

Robert Rebey
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
18 MAY 30 AM 8:40
SECRETARY 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

Name and Address:

ROBERT REBEY
322 LAMPHOLM DRIVE
VENICE, FLORIDA 34293

(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:

Robert Rebey

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.

ROBERT REBEY

Typed or printed name of signer

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)

FILED
18 MAY 30 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA