

LI8000139879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

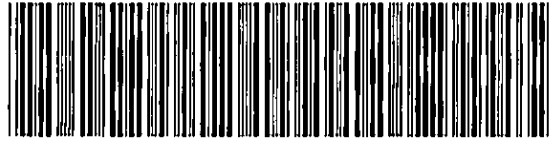
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1. REDE EQUIPMENT SERVICES, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

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SECURITY

**SPECIAL
INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION OF
REDE EQUIPMENT SERVICES, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "REDE EQUIPMENT SERVICES, LLC".

ARTICLE II — Address:

Mailing Address P.O. Box 852
 Davenport, FL 33836

Street Address: 304 E. Bay Street
 Davenport, Florida 33837

ARTICLE III — Registered Agent and Registered Office

The name and the Florida street address of the initial registered agent are:

Christina Magana
304 E. Bay Street
Davenport, Florida 33837

ARTICLE IV — Management

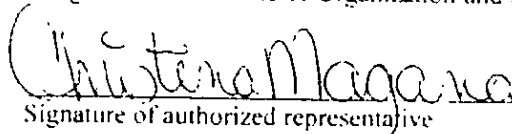
This Limited Liability Company shall be manager managed. The name and address of the initial manager are:

Christina Magana
304 E. Bay Street
Davenport, Florida 33837

ARTICLE V — Operating Agreement

Any Operating Agreement (as defined in Section 605.0102(45) of the Florida Revised Limited Liability Company Act), relating to this Limited Liability Company must be in writing and signed by all of the members.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this day of June, 2018.



Signature of authorized representative

CHRISTINA MAGANA

Typed or printed name of signee

(In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, F.S.)

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SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, F.S.)

Christina Magana

Signature of Registered Agent

CHRISTINA MAGANA

Typed or printed name of signee

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