

Division of Corporations

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L1800071351

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
JULIAN HASSELMAN
FLORIDA

18 JUL 16 AM 9:26

FILED

2018 JUL 16 PM 4:56
CORPORATIONS
COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO. Rerit 1007 LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

JUN 17 2018
C. Kinsey

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Rerit 1007 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:

Kerry Kieman

Name of Person

Rerit LLC

Firm/Company

1825 Ponce de Leon Blvd., Suite 274

Address

Coral Gables, FL 33134

City/State and Zip Code

reritllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stefan Linn

917

225-3003

at ()

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)

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:

Rcrit 1007 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:1825 Ponce de Leon Blvd., Suite 274
Coral Gables, FL 33134**Mailing Address:**1825 Ponce de Leon Blvd., Suite 274
Coral Gables, FL 33134**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:

Corporate Creation Network Inc.

Name

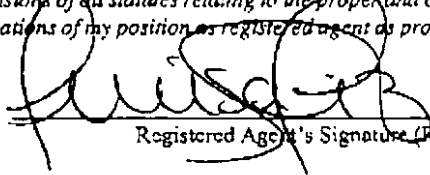
11380 Prosperity Farms Road #221EFlorida street address (P.O. Box **NOT** acceptable)Palm Beach Gardens FL 33410

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..

**Jenisa Irizarry, Special Secretary**

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
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SECRETARY OF STATE
AT 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

AMBR

Name and Address:

Stefan Linn

1825 Ponce de Leon Blvd, Suite 274

Coral Gables, FL 33134

MGR

Kerry Kiernan

1825 Ponce de Leon Blvd, Suite 274

Coral Gables, FL 33134

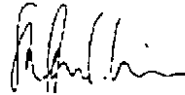
(Use attachment if necessary)

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:


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.

Stefan Linn

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)