## 1800277125

| (R                      | equestor's Name)   | )            |
|-------------------------|--------------------|--------------|
| (Ac                     | ddress)            |              |
| (A:                     | ddress)            | <del></del>  |
| (C                      | ity/State/Zip/Phor | ne #)        |
| PICK-UP                 | ☐ WAIT             | MAIL         |
| (B)                     | usiness Entity Na  | me)          |
| (D.                     | ocument Number     | 1            |
| (15)                    | ocument Number     | J            |
| ertified Copies         | Certificate        | es of Status |
| Special Instructions to | Filing Officer:    |              |
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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/3/18

NAME:

RRE INVESTMENTS FLAGLER LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

abbie

## **COVER LETTER**

|                | w Filing Section<br>vision of Corporations       |                    |  |  |
|----------------|--|--------------------|--|--|
| SUBJECT:       | RRE Investments Flagler LLC                      |                    |  |  |
| Songicer       | Name   | of Limited Liabil  | ity Company                                  |  |
| The enclose    | ed Articles of Organization and fe               | e(s) are submitted | l for filing.                                |  |
| Please retur   | n all correspondence concerning                  | this matter to the | following:                                   |  |
|                | John Thomas Rincon                               |                    |  |  |
|                |  | Name of            | Person                                       |  |
|                |  | Firm/Co            | отралу                                       |  |
|                | 1200 Brickell Avenue #860                        |                    |  |  |
|                | <del>-                                    </del> | Addı               | ress   |  |
|                | Miami, FL 33131                                  |                    |  |  |
| i              | unibal@nextlegal.us                              | City/State ar      | d Zip Code                                   |  |
| _              |  | e used for future  | annual report notificat                      | ion)   |
| For further in | formation concerning this matter                 | . please call:     |  |  |
|                | Steve Zagami                                     | 508                | 405-1943 ext. 103                            |  |
| -              | Name of Person                                   | Area Code          | Daytime Telephon                             | ne Number  |
| Enclosed is    | a check for the following amount                 | t:                 |  |  |
| \$125.00 Fil   | ing Fee \$130.00 Filing Fe<br>Certificate of Sta | tus Certifi        | 00 Filing Fee & ed Copy al copy is enclosed) | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional dopy is enclosed) |
|                | Mailing Address New Filing Section               |                    | Street Address New Filing Section            | 18<br>TALLA  |

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

FILEL 18 DEC -3 AH II: 29 TALLAHASSEF, LOBIES

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| RRE Investments  |  | ti tir. G  | MILON MICON   |
|--|--|--|---|
| (Must co   | ontain the words "Limited  | Liability Company,   | "L.L.C., or "LLC. )   |
| ARTICLE II - Address:  |  |  |   |
| The mailing address and stree  | t address of the principal o   | ffice of the Limited   | Liability Company is:   |
| Princ  | ipal Office Address:   |  | Mailing Address:  |
| 1200 0 : 1 11 4  |  | 130  | Deinhall Assumus #940   |
| 1200 Brickell Ave  | nue #860   | 1200   | ) Brickell Avenue #860  |
| Miami, FL 33131  ARTICLE III - Registered A (The Limited Liability Compa               | gent, Registered Office,<br>ny cannot serve as its own   | Mia & Registered Agen Registered Agent.                        | mi, FL 33131  |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | gent, Registered Office,<br>ny cannot serve as its own<br>n active Florida registratio   | & Registered Agent. On.)                                       | mi, FL 33131<br>nt's Signature:                                   |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | gent, Registered Office,<br>ny cannot serve as its own<br>n active Florida registratio   | & Registered Agent. On.)                                       | mi, FL 33131<br>nt's Signature:                                   |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | agent, Registered Office,<br>ny cannot serve as its own<br>n active Florida registration<br>et address of the registered                                       | & Registered Agent. On.)                                       | mi, FL 33131<br>nt's Signature:                                   |
| Miami, FL 33131  ARTICLE III - Registered A  | agent, Registered Office,<br>ny cannot serve as its own<br>n active Florida registration<br>et address of the registered                                       | & Registered Agent. (on.) I agent are: t Services, Inc. Name   | mi, FL 33131<br>nt's Signature:                                   |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | agent, Registered Office, ny cannot serve as its own n active Florida registration address of the registered Global Virtual Agen                               | & Registered Agent. Son.) If agent are: It Services, Inc. Name | mi, FL 33131  nt's Signature: You must designate an individual or |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | agent, Registered Office, ny cannot serve as its own n active Florida registration address of the registered Global Virtual Agents 5702 Tanagerlake Registered | & Registered Agent. Son.) If agent are: It Services, Inc. Name | mi, FL 33131  nt's Signature: You must designate an individual or |

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..

Asst. Secretary of National Registered Agents, Inc.
Registered Agent's Signature (REQUIRED)

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(CONTINUED)



ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

| "MGR" = Manager MGR  John Thomas Rincon 1200 Brickell Avenue #860 Miami, FL 33131  (Use attachment if necessary)  E.V: Effective date, if other than the date of filing: (OPTIONAL)  extive date is listed, the date must be specific and cannot be more than five business days prior to or of filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will rement's effective date on the Department of State's records.  E.VI: Other provisions, if any.  | <u>Title:</u><br>"amrd" = a | uthorized Member  | Name and Address:   |
|--|-----------------------------|---|---|
| (Use attachment if necessary)  E. V: Effective date, if other than the date of filing:   |                             |   |   |
| (Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  |                             | nagei   | John Thomas Rincon  |
| (Use attachment if necessary)  E V: Effective date, if other than the date of filing:  |                             |   | 1200 Brickell Avenue #860   |
| (Use attachment if necessary)  E V: Effective date, if other than the date of filing:  |                             |   | Miami, FL 33131   |
| (Use attachment if necessary)  E.V.: Effective date, if other than the date of filing:   |                             |   |   |
| (Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  |                             |   |   |
| (Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  |                             |   |   |
| (Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  |                             |   |   |
| (Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  |                             |   |   |
| (Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  |                             |   |   |
| E V: Effective date, if other than the date of filing:   |                             |   |   |
| E V: Effective date, if other than the date of filing:   |                             |   | <u> </u>  |
| E V: Effective date, if other than the date of filing:   |                             |   |   |
| E V: Effective date, if other than the date of filing:   |                             |   |   |
| E V: Effective date, if other than the date of filing:   |                             |   |   |
| E V: Effective date, if other than the date of filing:   |                             |   |   |
| E V: Effective date, if other than the date of filing:   | (Hea attachme               | ont if nacascanu)   |   |
| rective date is listed, the date must be specific and cannot be more than five business days prior to or of filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will rement's effective date on the Department of State's records.  E VI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statute 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.  John Thomas Rincon  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) | (O.se intacinite            | in it necessary)  |   |
| Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statute 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.  John Thomas Rincon  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)  |                             | •   | are s records.  |
| Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b). Florida Statute I am aware that any false information submitted in a document to the Department of Statute constitutes a third degree felony as provided for in s.817.155. F.S.  John Thomas Rincon  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)  |                             |   |   |
| This document is executed in accordance with section 605.0203 (1) (b). Florida Statute 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.    John Thomas Rincon   Typed or printed name of signee   | REOUIRED                    | SIGNATURE:  |   |
| 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)  | ·                           | This document is executed in I am aware that any false info | n accordance with section 605.0203 (1) (b). Florida Statutes. ormation submitted in a document to the Department of State |
| 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)  |                             |   |   |
| Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)   |                             | John Thomas Rincon  | Au  |
| \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)   |                             |   | ped or printed name of signee   |
| \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)   |                             |   | ped or printed name of signee   |
|  |                             |   | # Pr  |
| \$ 5.00 Certificate of Status (Optional)   | \$125.00 Fili               | Ту  | Filling Fees:   |
|  | \$ 30.00 Cer                | Ty  ng Fee for Articles of Organiz rtified Copy (Optional)  | Filling Fees:   |
| 32 J   | \$ 30.00 Cer                | Ty  ng Fee for Articles of Organiz rtified Copy (Optional)  | Filling Fees:   |