

L19000151948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

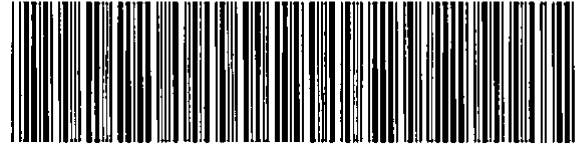
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TALLAHASSEE, FLORIDA

N CULLIGAN

JUN 18 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

Matella REI Fund, LLC.

SUBJECT: _____
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:

Andrew J. Matella

Name of Person

Firm/Company

4327 South Highway 27, STE 607

Address

Clermont, FL, 34711

City/State and Zip Code

Andrew.matella@gmail.com

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

For further information concerning this matter, please call:

Andrew J. Matella

850

321-4774

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



2019 JUN 17 PM 12:07

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2019

ANDREW J MATELIA
4327 SOUTH HIGHWAY 27, STE 607
CLERMONT, FL 34711

SUBJECT: MATELIA REI FUND, LLC
Ref. Number: W19000053788

We have received your document for MATELIA REI FUND, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Cannot read the AMBR'S NAME. The print is too small and blurry.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 119A00011215

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Matella REI Fund, L.L.C.

(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:

4327 South Highway 27

Suite 607

Clermont, FL, 34711

Mailing Address:

4327 South Highway 27

Suite 607

Clermont, FL, 34711

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:

Andrew J. Matella

Name

4327 South Highway 27, Suite 607

Florida street address (P.O. Box **NOT** acceptable)

Clermont

FL

34711

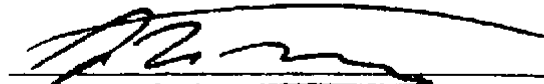
City

State

Zip

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TALLAHASSEE, FLORIDA

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Nuview Trust Co. Custodian FBO Andrew J. Matella
IRA 1336

280 S. Ronald Reagan Blvd, Suite 200
Longwood, FL, 32750

MGR

Andrew J. Matella
4327 South Highway 27, Suite 607
Clermont, FL, 34711

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/13/2019 (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.

Andrew J. Matella

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)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA