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(R	requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Pocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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J. FASON JUL 22 2019

COVER LETTER

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D	R & L Life LLC
SUBJECT	
	The state of the s
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	arn all correspondence concerning this matter to the following:
	Rachael Simari
	Name of Person
	R & L Life LLC
	Firm/Company
	30313 Hatz Way
	Address
	Wesley Chapel, FL, 33543
	City/State and Zip Code RachaelandLucas@gmail.com
•	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Lucas Simari 772 204-4008
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$ 125.00 Fi	_

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

R & L Life LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
TCLEIL Addrago	
TCLE II - Address:	of the Limited Liability Company is:
TICLE II - Address: mailing address and street address of the principal office	of the Limited Liability Company is:
	of the Limited Liability Company is: Mailing Address
mailing address and street address of the principal office	,

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

another business entity with an active Florida registration.)

Lucas Simari		
	Name	
30313 Hatz Way		-
Florida street addres	s (P.O. Box NOT acc	ceptable)
Wesley Chapel	Florida	33543
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2019 JUL -8 AM 9: 20

"AMBR" = Authorized Member "MGR" = Manager AMBR	Rachael Simari
AMBR	Rachael Simari
	30313 Hatz Way
	Wesley Chapel, FL, 33543
Use attachment if necessary)	
EV: Effective date, if other than the date of filin	g:(OPTIONAL)
ctive date is listed, the date must be specific a	nd cannot be more than five business days prior to or 90 days
f filing.) the date inscried in this block does not meet the	e applicable statutory filing requirements, this date will not be list
ent's effective date on the Department of State	e applicable statisticity firming requirements, this date with not be rist
·	
EVI: Other provisions, if any.	
DECITION TIDE.	
REOUIRED SIGNATURE:	_

Typed or printed name of signee

Rachael Simari