

# L19 000 202 346

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

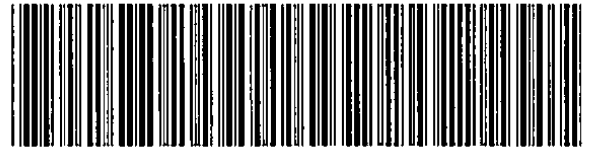
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100331994711

07/31/19--01013--011 \*\*125.00

19 JUL 31 PM 4:33  
MASSACHUSETTS

D O'KEEFE  
AUG 14 2019

July 15, 2019

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference R2P Consulting LLC Florida Document Number L14000065157

Dear Department:


It has come to my attention that my company was dissolved due to non payment of the annual report.

At this time I would like to release my florida document number L14000065157 for my company R2P Consulting LLC.

Further I am enclosing new documents that I would ask the department to file on my behalf

Thanking you in advance for your help with these matters.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter R. Munro". The signature is stylized with a large, loopy initial "P" and a long, horizontal stroke extending to the right.

Peter R Munro

Managing Member

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** R2P CONSULTING 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:

PETER R MUNRO

Name of Person

Firm/Company

1409 SW 51ST TERRACE

Address

CAPE CORAL, FL 33991

City/State and Zip Code

BMOM100@HOTMAIL.COM

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

For further information concerning this matter, please call:

PETER R MUNRO

813

557-7926

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:

R2P CONSULTING 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:

Mailing Address:

PETER R MUNRO

SAME

1409 SW 51ST TERRACE

CAPE CORAL, FL 33991

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:

PETER R MUNRO

Name

1409 SW 51ST TERRACE

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

CAPE CORAL, FL

33991

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)

19 JUL 31 PM 4:30  
TALLAHASSEE, FL 32301

**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:**

PETER R MUNRO

1409 SW 51ST TERRACE

CAPE CORAL, FL 33991

(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.

Peter R Munro

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)