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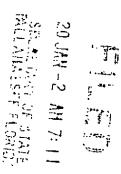
(Requestor's Name)
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REHM TEAM REALTY 1450 Monte Lake Dr. Valrico FL 33596 813-720-4185

# Cover Letter

To whom it may concern,

My Name is Charles E. Rehm Jr. I am the owner of Rehm Team Realty. We are sending this to get our corporation started as an LLC.

The corporate address is 1450 Monte Lake De Valrico FL 33596 at this time, the corporate phone number is 813-720-4185.

My Personal Cell number is 727-644-6466 if you have any direct questions for me.

Thank you,

Charles E. Rehm Jr.

# **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Rehm Team Realty 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:
Charles E. Rohm Dr. Name of Person
Rehm TEAN ROOT LLC.
1450 Morte Late de Address
VAIRIO, F. 33596  City/State and Zip Code  Return teals Com REHMTEAMREALTY & Gmail. (O  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Comparations  Street Address  New Filing Section  Division of Comparations

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
Detatan Rehm Team Realty LLC.	
(Must conatin the words "Limited Liability Company, "L.L.C.," or "LL	C.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<b>Principal Office Address:</b>	Mailing Address:
1450 Morrie Lake dr	1450 Marte Late dr
NAIRICO FL 33556	UNIRIO FL 33586

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:

Charles E.	Rober No	_	
CNANCIED M.	Name	<del></del>	
1450 Moule	Lake D	C	
Florida street addr			
VALRICO	FL	33596	
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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  MGR	Charles E. Rehm Jr 1400 norte Late de -VARIO IL \$550 33596
<del></del>	
(Use attachment if necessary)	
ective date is listed, the date must be spe of filing.)	of filing: 61/81/2020 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 detect the applicable statutory filing requirements, this date will not be

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.

# 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)