

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bı	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer	
W70,6	5837	

Office Use Only



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2921 JUN 25 AM 6: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/25/2020	**WALK D	V**
ENTITY NAME FLORIDA	TITLE AGENCY 1, LLC	 -
DOCUMENT NUMBER		<u> </u>
	PLEASE FILE THE ATTACHED AND RETURN	
xxxx	Plain Copy Certified Copy Certificate of Status	
PL	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION		
TOTAL OWED \$125.00	ACCOUNT #: I20160000072	
Please call Tina at the	above number for any issues or concerns. Thank you so much!	

COVER LETIER

TO:	New Filing Sec Division of Co						
		TITLE AGENCY 1	, LLC				
SUBJEC	CT:	Name	of Limited Lia	bility Company			
The en	closed Articles o	of Organization and	fcc(s) are subm	itted for filing.			
Please	return all corresp	ondence concerning t	his matter to the	: following:			
	RICHARD W	7. RIEHL					
			Name	of Person			
	FLORIDA T	TTLE AGENCY 1,	LLC				
			Firm	/Company			
	111 GLENW	OOD AVE					
			A	ddress			
	SATELLITE	EBEACH, FLORID	A 32937				
			City/State	and Zip Code			
	rich Hawt Ta.@						
	,	E-mail address: (to b	e used for futur	re ammal report notifica	tion)		
For furthe	r information co	neerning this matter	, please call:				
	RICHARD V	V. RIEHL	321	427-0163	i		
-	Nan	ne of Person	Area Cod	e Daytime Telepho	ne Number		
Enclose	d is a theck for t	he following amount	ı .				
	.00 Filing Fee	D\$130,00 Filing	Fee& DS	\$155,00 Filing Fee &	□\$160.00 Filing Fee,		
		Certificate of St	* -	rtified Copy fional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
	<u>Mailir</u>	ng Address		Street Address			
		iling Section		New Filing Section Division			
	Division of Corporations P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Tallahassee, FL 32314			Tallahassee, FL 32303				

ARTICLES OF OFORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
FLOR) DA TITLE AGENCY 1, LLC				
(Must contain the words "Limited Lia	bility Company, "	L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Lia	bility Company is:		
Principal Office Address:		Mailing Address:		
111 GLENWOOD AVE	HI GLI	ENWOOD AVE		
SATELLITE BEACH, FLORIDA 32937		SATELLITE BEACH, FLORIDA 32937		
The name and the Florida street address of the registered age RICHARD W. RIEHL No.	ent are:			
111 GLENWOOD AVE Florida street address (P.	O. Box NOT acce	ptable)		
SATELLITE BEACH	FLORIDA	32937		
City	State	Zip		
Having been named as registered agent and to accept service of place designated in this certificate, I hereby accept the appoint further agree to comply with the provisions of all statutes relations familiar with and accept the obligations of mypusition as references. Registered	ment as registered a ing to the proper an	igent and agree to act in this capacity. I d complete performance of my duties, and provided for in Chapter 605, F.S.		

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Nane and Address:
MGR	RICHARD W. RIEHL 111 GLENWOOD AVE SATELLITE BEACH. FLORIDA 32937
<u>MGR</u>	PAMELA MAGEE-WALKER 111 GLENWOOD AVE SATELLITE BEACH, FLORIDA 32937
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(Use attachment if necessary) ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be s the date of filing.)	te of filing: 7 3 20 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after
	meet the applicable statutory filing requirements, this date will not be listed as a of State's records.
REQUIRED SIGNATURE:	Liw. Dill
This document is exec I am aware that any fal	number or an authorized representative of a member. suited in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
RICHARU W.	RIEHL Typed or printed name of signee

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

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)

ARTICLE IV-