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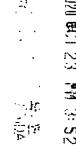
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1.	REAL & REEL, LLC (CORPORATE NAME AND DOCUME)	NT #)		* - "	
2.	(CORPORATE NAME AND DOCUME	NT #)		·	
3.	(CORPORATE NAME AND DOCUME	NT #)			
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SPECIAI INSTRU	L CTIONS:				

New Filing Section

TO:

COVER LETTER

D	ivision of Co	rporations					
SUBJECT	Real & Red	el, LLC					
SOBOLCI	·	Name	of Limi	ited Liabil	ty Company		
The enclose	ed Articles of	Organization and fe	e(s) are	submitted	for filing.		
Please retu	rn all correspo	ondence concerning t	his mat	ter to the f	ollowing:		
	Charlene Me	ecks					
				Name of	Person	"	
	Business Av	iation Law Group, P	LLC				
				Firm/Co	mpany		
	631 US Hwy	/ 1, Ste 410					
	Address						
	North Palm I	Beach, FL 33408					
C	entities@bala	wgroup.com	Cit	y/State and	d Zip Code		
_	I	E-mail address: (to be	e used f	or future a	nnual report notificat	ion)	
or further ir	nformation co	ncerning this matter,	please	call:			
	Charlene Me	eks	888	;	661-3223		
	Nam	e of Person			Daytime Telephon		
Enclosed is	a check for the	he following amount	:				
■ \$125.00	Filing Fee	□\$130.00 Filing 1 Certificate of Stat		Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailin	g Address			Street Address		

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLE 1 - Name: The name of the Limited Liability Company is: Real & Reel, LLC (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: 3515 Avion Woods Ct. Unit 801 198 Forts Ferry Rd. Naples, Florida 34104 Latham NY 12110 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: Anthony M. Gucciardo Name 3515 Avion Woods Ct, Unit 801 Florida street address (P.O. Box NOT acceptable) 34104 Naples State 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(CONTINUED)

Registered Agent's Signature (REQUIRED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Anthony M. Gucciardo MGR 3515 Avion Woods Ct, Unit 801 Naples, FL 34104 (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: Anthony M. Guciardo 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:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Anthony M. Gucciardo

\$ 5.00 Certificate of Status (Optional)