L20000331658

(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



300353401053

10/14/20--01009--022 **155.00

Derick Mompson

COVER LETTER



	v Filing Sec ision of Cor				
SUBJECT:	The R	zewnicki Lar	id Compa	ny, L.L.C.	
				ed Liability Company	
The enclosed	l Articles of	Organization and	fee(s) are s	ubmitted for filing.	
Please return	all correspo	ndence concernir	g this matte	er to the following:	
<u>.</u>	Jay A. He	rbst, Esq.			
				Name of Person	
Ţ	Driggers	, Schultz &	Herbst		
				Firm/Company	
	3331 W.	Big Beaver	Road, Su	ite 101	
_				Address	
	Troy, MI	I 48084			
-			•	/State and Zip Code	
_		on@driggerss			
	Ī	E-mail address: (to	be used fo	r future annual report notific	cation)
For further inf	formation co	ncerning this matt	er, please c	all:	
_	Jay A. I	Herbst	at (<u>24</u>	458-3583	
	Nam	e of Person	Area	a Code Daytime Teleph	none Number
Enclosed is	a check for th	he following amo	ant:		
□\$125.00 Filing Fee		□\$130.00 Filio Certificate of S		№ \$155.00 Filing Fee & Certified Copy	☐\$160.00 Filing Fee. Certificate of Status &

Mailing Address

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

Street Address

(additional copy is enclosed)

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Certified Copy

(additional copy is enclosed)

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	cki Land Company, L.L.C	C		
(Must co	ntain the words "Limited Liability	Company, "L.L.C., or "LLC.)		
ARTICLE II - Address: The mailing address and stree	address of the principal office of	ne Limited Liability Company is:		
Princ	ipal Office Address:	Mailing Address:	Mailing Address:	
	17	1301 Ivy Way		
1301 Ivy Wa	y			
The Limited Liability Compa mother business entity with a	34117 Agent, Registered Office, & Registery cannot serve as its own Registery	Naples, FL 34117 tered Agent's Signature: ed Agent. You must designate an individual or	r	
Naples, FL ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	34117 Agent, Registered Office, & Registerny cannot serve as its own Registern active Florida registration.) et address of the registered agent a	Naples, FL 34117 tered Agent's Signature: ed Agent. You must designate an individual or	r	
Naples, FL ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	34117 Agent, Registered Office, & Registery cannot serve as its own Register active Florida registration.)	Naples, FL 34117 tered Agent's Signature: ed Agent. You must designate an individual or	r	
Naples, FL ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	34117 Agent, Registered Office, & Registerny cannot serve as its own Registern active Florida registration.) et address of the registered agent a Jamie L. Rzewn	Naples, FL 34117 tered Agent's Signature: ed Agent. You must designate an individual or	r	
Naples, FL ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	34117 Agent, Registered Office, & Registerny cannot serve as its own Registern active Florida registration.) et address of the registered agent a	Naples, FL 34117 tered Agent's Signature: ed Agent. You must designate an individual or e:	r	
Naples, FL ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	34117 Agent, Registered Office. & Registry cannot serve as its own Registern active Florida registration.) et address of the registered agent a Jamie L. Rzewn Name 1301 Ivy Way	Naples, FL 34117 tered Agent's Signature: ed Agent. You must designate an individual or e:	r	

Registered Agent's Signature (REQUIRED)

Jamie L. Rzewnicki

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	India I December
AMBR	Jamie L. Rzewnicki 1301 Ivy Way
	Naples, FL 34117
AMBR	Gary S. Rz ew nicki
	16177 Leone
	Macomb Twp., MI 48042
	
(Use attachment if necessary)	
(Ose attachment if necessary)	
RTICLE V: Effective date, if other than the da	te of filing: (OPTIONAL)
If an effective date is listed, the date must be s	specific and cannot be more than five business days prior to or 90 days after
he date of filing.)	
Note: If the date inserted in this block does not	t meet the applicable statutory filing requirements, this date will not be listed as
he document's effective date on the Departmen	nt of State's records.
ARTICLE VI: Other provisions, if any.	
<u> </u>	
REQUIRED SIGNATURE:	
RECOURED SIGNATORE.	
Signature of a r	member or Anauthorized representative of a member.
This document is exec	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fal	lse information submitted in a document to the Department of State
constitutes a third degr	ree felony as provided for in s.817.155, F.S.
In-i- I D	and ald
<u>Jamie L. R</u>	Typed or printed name of signee
	Change to home many or many

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)