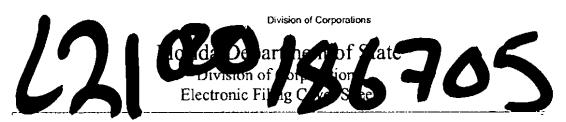
4/29/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## FLORIDA LIMITED LIABILITY CO. Jeff Reyna LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: e name of the Limited Liability Company is:	
mails of the trimed committy company is:	
Jeff Reyna LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
TICLE H - Address:	
mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
<u> </u>	
1100 Debrecen Road	1100 Debrecen Road
C FL 24240	Sarasota, FL 34240
Sarasota, FL 34240	Samona, 112 34240
Sarasota, FL 54240	Sansora, 11, 34,240
TICLE III - Registered Agent, Registered Office, & Re	egistered Agent's Signature:
TCLE III - Registered Agent, Registered Office, & Re Limited Liability Company cannot serve as its own Regi	egistered Agent's Signature:
TCLE III - Registered Agent, Registered Office, & Re Limited Liability Company cannot serve as its own Regi	egistered Agent's Signature:
TICLE III - Registered Agent, Registered Office, & Roge Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individual or
FICLE III - Registered Agent, Registered Office, & Re e Limited Liability Company cannot serve as its own Regi ther business entity with an active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individual or
TICLE III - Registered Agent, Registered Office, & Re e Limited Liability Company cannot serve as its own Register ther business entity with an active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individual or nt are:
TICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register business entity with an active Florida registration.)  name and the Florida street address of the registered agen	egistered Agent's Signature: istered Agent. You must designate an individual or nt are:

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. Thereby 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..

NRAI Services, Inc.

City

Plantation

By: Jennifer Tasevoli - Assistant Secretary
Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Florida

State

ARTICL	E	IV-
--------	---	-----

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>MGR</u>	Jeff G. Revna 1100 Debrecen Road Sarasota, FL 34240
	1100 Deolecen Road Salasola, PL 54249
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat If an effective date is listed, the date must be sphe date of filing.)	c of filing: (OPTIONAL) pecific and cannot be more than five husiness days prior to or 90 days afte
	meet the applicable statutory filing requirements, this date will not be listed tof State's records
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	nember 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.

Brent Buseay, VP, Laughlin Associates, Inc. - Organizer
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)

no :11 57 62 : . . .