

From: Lisa Coates

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To: 8506176381@cfax.com

Fax: (850) 617-6381

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4/29/2021

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Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

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To:

Division of Corporations  
Fax Number : (850) 687-4003

From:

Account Name : MICHAEL A. LOPPAT, P.A.  
Account Number : 738700000114  
Phone : (561) 900-8001  
Fax Number : (561) 900-7107

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

Email Address: glencyr@bellsouth.net

FLORIDA LIMITED LIABILITY CO.  
GOLDIE REYN L.L.C.

Certificate of Status	01
Certified Copy	01
Page Count	04
Estimated Charge	\$125.00+\$15.00=\$140.00

\*\*Please charge prepaid sunbiz account  
additional \$35 for Certificate of status  
and Certified Copy

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## COVER LETTER

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TO: New Filing Section  
Division of Corporations

SUBJECT: fieldsfoREVR 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:

MICHAEL A. LAMPERT, ESQ.

Name of Person

MICHAEL A. LAMPERT, P.A.

Firm/Company

1655 PALM BEACH LAKES BOULEVARD, SUITE 900

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

glencyr@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL A. LAMPERT

561

689-9407

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

fieldfoREVR 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:**11681 68th Street North  
West Palm Beach, FL 33412**Mailing Address:**11681 68th Street North  
West Palm Beach, FL 33412**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:


MICHAEL A. LAMPERT, P.A.

Name

1655 PALM BEACH LAKES BLVD., SUITE 900Florida street address (P.O. Box **NOT** acceptable)

<u>WEST PALM BEACH</u>	<u>FL</u>	<u>33401</u>
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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**MANAGERGLENN P. CYR11681 68th Street NorthWest Palm Beach, FL 33412MANAGERLOLITA M. CYR11681 68th Street NorthWest Palm Beach, FL 33412

(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:**  
\_\_\_\_\_  
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.MICHAEL A. LAMPERT, ESQ.

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)

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