

L2200000 9553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

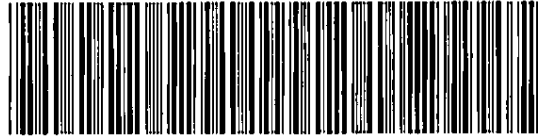
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2022 JAN -7 AM 10:00

CLERK OF SUPERIOR COURT

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

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**PLEASE USE FUNDS FROM ACCT : I20210000160 AMOUNT : : \$130.00**

**Authorized Signature:**

**THE REEF BEACH HOUSE, LLC**

*James R. Fullum*

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**Business Name**

**Document Number**

☐ **Certified copy of original articles and any amendments**

☐ **Pick up time** \_\_\_\_\_

☒ **Certificate of Status**

☐ **Will wait**

**NEW FILINGS**

**AMMENDMENTS**

☐ **Profit**

☐ **Amendment**

☐ **Not for Profit**

☐ **Resignation of R.A.**

☒ **Limited Liability**

**Officer/Director**

☐ **Change of Registered Agent**

☐ **Domestication**

☐ **Dissolution/Withdrawal**

☐ **CONVERSION**

☐ **Merger**

☐ **CORP**

☐ **Correction**

**OTHER FILINGS**

**REGISTRATION/QUALIFICATIONS**

☐ **Annual Report**

☐ **Foreign filing**

☐ **Fictitious Name**

☐ **Limited Partnership**

☐ **APOSTIL (**

☐ **Reinstatement**

☐ **Declaration**

☐ **Other**

**Country**

**EXAMINER'S INITIALS: \_\_\_\_\_**

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: THE REEF BEACH HOUSE, 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:

ARMANDO GONZALEZ

Name of Person

THE REEF BEACH HOUSE, LLC

Firm/Company

1437 SE 27TH TERRACE

Address

HOMESTEAD, FL 33035

City/State and Zip Code

THE REEF BEACH HOUSE@GMAIL.COM

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

For further information concerning this matter, please call:

ARMANDO GONZALEZ

305

504-0854

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

*Armando E. Gonzalez*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE REEF BEACH HOUSE, 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:

1437 SE 27TH TERRACE  
HOMESTEAD, FL 33035

1437 SE 27TH TERRACE  
HOMESTEAD, FL 33035

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:

ARMANDO GONZALEZ

Name

1437 SE 27TH TERRACE

Florida street address (P.O. Box NOT acceptable)

HOMESTEAD

FL

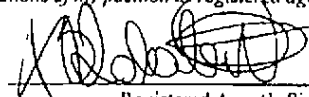
33035

City

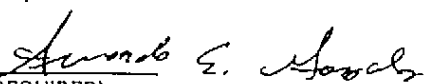
State

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)



(CONTINUED)

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TALLAHASSEE, FL

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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:

AMBR \_\_\_\_\_

ARMANDO GONZALEZ  
1437 SE 27TH TERRACE  
HOMESTEAD, FL 33035

AMBR \_\_\_\_\_

SULAY ROLDAN  
1437 SE 27TH TERRACE  
HOMESTEAD, FL 33035

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/06/2022 (OPTIONAL)


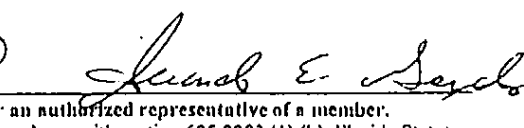
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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

X  

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.

ARMANDO GONZALEZ

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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TALLAHASSEE, FL