

L22000478728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

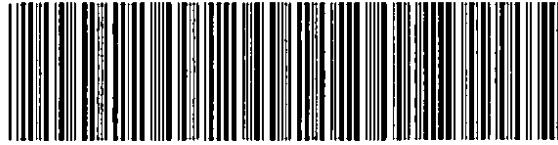
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



900397350239

S. CHATHAM
NOV - 9 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 NOV - 9 AM 4: 06

2022 NOV - 9 AM 11: 24

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 124530 7977112

AUTHORIZATION :

COST LIMIT : \$ 130.00



ORDER DATE : November 8, 2022

ORDER TIME : 9:08 AM

ORDER NO. : 124530-005

CUSTOMER NO: 7977112

DOMESTIC FILING

NAME: RUE BELLE REALTY, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: RUE BELLE REALTY, 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:

Samuel F. Colburn, Esq.
Name of Person

Woods, Weidenmiller, Michetti & Rudnick, LLP
Firm/Company

9045 Strada Stell Court, Suite 400
Address

Naples, FL 34109
City/State and Zip Code

scolburn@lawfirmnaples.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Colburn 239 325-4070
Name of Person at () 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RUE BELLE REALTY, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>Robert Linekin</u>	<u>Robert Linekin</u>
<u>16611 Firenze Way</u>	<u>16611 Firenze Way</u>
<u>Naples, FL 34110</u>	<u>Naples, FL 34110</u>

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:

<u>WWMR Statutory Agent LLC</u>		
Name		
<u>9045 Strada Stell Court, 4th Floor</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Naples</u>	<u>FL</u>	<u>34109</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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 NOV - 9 AM 4: 06

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>Robert Linekin</u>
	<u>16611 Firenze Way</u>
	<u>Naples, FL 34110</u>

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 NOV -9 AM 4:06

(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.
Any and all lawful business. The Company shall be Manager Managed.

REQUIRED SIGNATURE:

DocuSigned by:
Robert Linekin
DB50C9D9EC7A8C

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.

Robert Linekin
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)