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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

Phone : (855)498-5500

Fax Number : (800)432-3622

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.**ELVIS REESE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED

2023 MAY -8 PM 3:45

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FL

2023 MAY -8 PM 1:28

FILED

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COVER LETTER

TO: New Filing Section
Division of Corporations

ELVIS REESE LLC

SUBJECT: _____
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:

ZACHARY ROSE

Name of Person_____
Firm/Company

1930 NE 62ND ST

Address

FORT LAUDERDALE FL 33308

City/State and Zip Code

ZACH@ROSEARCHITECTS.COM

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

For further information concerning this matter, please call:

ZACHARY ROSE

954

271-2718

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

2023 MAY -8 PM 1:28
TALLAHASSEE, FL
DEPARTMENT OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ELVIS REESE 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:1930 NE 62 STFORT LAUDERDALE, FL 33308**Mailing Address:**1930 NE 62 STFORT LAUDERDALE, FL 33308**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:

ZACHARY ROSE

Name

1930 NE 62 STFlorida street address (P.O. Box **NOT** acceptable)FORT LAUDERDALEFL33308

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..

FILED**2023 MAY -8 PM 1:28****SECRETARY OF STATE
TALLAHASSEE, FL**

Taylor Seay 8004323622

(05/05) 05/08/2023 02:27:09 PM

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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:

MGR

ZACHARY ROSE

1930 NE 62 ST

FORT LAUDERDALE, FL 33308

MGR

ADAM ROBBINS

911 SW 9 AVE

FORT LAUDERDALE, FL 33315

(Use attachment if necessary)

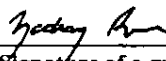
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

ZACHARY ROSE

Typed or printed name of signer

Filing Fees: