L23000428465

(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:					





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S. CHATHAM
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COVER LETTER

	w Filing Se vision of Co			
SUBJECT:		Iskin and Associates, LLC		
conner.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Organization and fee(s) are	submitted for filing.	
Please return	n all corresp	ondence concerning this ma	tter to the following:	
	Reginald T.	Joyner, MER		
-			Name of Person	
-			Firm/Company	
	308	5 Part Royal	Lans	
•		s Part Royal	Address	
	Apoll	o Beach, FE 3	3572	
-	· · · · · · · · · · · · · · · · · · ·	Ci	ity/State and Zip Code	
		E-mail address: (to be used	for future annual report notificati	on)
For further in	formation co	incerning this matter, please	call:	
Re	a asd	TTours	013	-a-
7/5	Nan	ne of Person Ar	813) 404 - 125 rea Code Daytime Telephone	c Number
		•		
Enclosed is	a check for t	he following amount:		
□\$125.00 I	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)
		ng Address	Street Address	
New Filing Section		filing Section on of Corporations	New Filing Section Di The Centre of Tallaha	
	P.O. E	Box 6327	2415 N. Monroe Stree	et, Suite 810
Tallahassee, FL 32314		Tallahassee, FL 3230	3	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

me of the Limited Liability Company is:
Rumplestilskin and Associates, LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
308 5 Port Royal Lane	308 5. Port Royal Lane	
Applie Beach, FL 33572	Aprillo Beach, EL 33572	

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:

ARTICLE I - Name:

Reginald T. Je	4 HER		· · · · · · · · · · · · · · · · · · ·
308 S. Port	 		
Florida street address	(P.O. Box <u>NOT</u>	acceptable)	·
Apollo Bead	(FL	33572	
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)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Reginald T: Toyner 308 3, Poul Rugal Lane Repollo Beach, FL 33572
	
(Use attachment if necessary)	23
TICLE V: Effective date, if other than the date of	f filing: (OPTIONAL)
date of filing.)	ific and cannot be more than five business days prior to.or 90 days af et the applicable statutory filing requirements, this date will not be liste 'State's records.
REQUIRED SIGNATURE: Reginald T.	- Series
Signature of a mem	ther or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

Reginald T. Jo-ine &
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)