L24000 374190

| (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



800432335788

2024 AUG 28 AM 9: 47

THE CHO

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Ha. Pendar's Printing a Thom seville CA &rCC

| | | | 1 | | | |
|------------------|------------------------------|--------|-------|--|-----------------------------|--|
| REASTA PARTI | NERS LLC | | · | | | |
| Please Debit FCA | .000000003 For: ¹ | 30 | | | | |
| Thank you Seth N | leeley | | | | | |
| Thank you Seth N | | | | Art of Inc. File | G 28 AM 9: 47 AHASSEE, FLI | |
| Signature | | | | Fictitious Owner Search Vehicle Search | | |
| | - | | | Driving Record | | |
| Requested by: | | | | UCC 1 or 3 File | | |
| | | | | UCC 11 Search | | |
| Name | Date | Time | | UCC 11 Retneval | | |
| Walk-In | Will Pick U | , D | ŀ | Courier | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| _ | REASTA PARTNERS LLC | | | |
|------------------------------|---|--|--|--------------------|
| _ | (Must contain the words "Limited Liabi | ility Company, "L | .L.C.," or "LLC.") | |
| | II - Address: g address and street address of the principal office | of the Limited Li | ability Company is: | |
| | Principal Office Address: | Mailing Address: | | |
| 255 ARAGON AVENUE, 2ND FLOOR | | 255 ARAGON AVENUE, 2ND FLOOR | | |
| | 235 ARAGON AVENUE, 2ND LEGOR | | | |
| - - - | CORAL GABLES, FL 33134 | | AL GABLES, FL 33134 | - - |
| - - - - | CORAL GABLES, FL 33134 | CORA | AL GABLES, FL 33134 | |
| (The Limite | · | CORA egistered Agent's | S Signature: u must designate an individual or :: A C | 7 908 4 787 |
| (The Limite another bus | CORAL GABLES, FL 33134 HI - Registered Agent, Registered Office, & Red Liability Company cannot serve as its own Reg | egistered Agent's | S Signature: u must designate an individual or :: A C | 87 908 h787 |
| (The Limite another bus | CORAL GABLES, FL 33134 HI - Registered Agent, Registered Office, & Red Liability Company cannot serve as its own Registness entity with an active Florida registration.) | egistered Agent's istered Agent. You | AL GABLES, FL 33134 s Signature: | 10 07 |
| (The Limite another bus | CORAL GABLES, FL 33134 HI - Registered Agent, Registered Office, & Registered Company cannot serve as its own Registness entity with an active Florida registration.) and the Florida street address of the registered agent | egistered Agent's istered Agent. You nt are: | S Signature: u must designate an individual or :: A C | LIV 97 |
| (The Limite another bus | CORAL GABLES, FL 33134 HII - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registness entity with an active Florida registration.) and the Florida street address of the registered agent ABITOS ADVISO | egistered Agent's istered Agent. You nt are: | S Signature: u must designate an individual or :: A C | LIV 97 |
| (The Limite another bus | CORAL GABLES, FL 33134 THI - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registness entity with an active Florida registration.) and the Florida street address of the registered agent ABITOS ADVISO | egistered Agent's istered Agent. You nt are: DRS LLC me | S Signature: United Signature: White Signature | LIV 97 |
| (The Limite another bus | CORAL GABLES, FL 33134 THI - Registered Agent, Registered Office, & Registered Office, & Registered Office, & Registered Office, & Registered Serve as its own Registness entity with an active Florida registration.) and the Florida street address of the registered agent ABITOS ADVISO Na 255 ARAGON AVENUE | egistered Agent's istered Agent. You nt are: DRS LLC me | S Signature: United Signature: White Signature | 07 |

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

TEMO

| *AMBR* - Authorized Member *MGR* - Manager _MGR | | Name and Address: |
|---|---|--|
| (Use attachment if necessary) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after a of filing.) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed attachment's effective date on the Department of State's records. (ILE VI: Other provisions, if any. (Signature of a member or an authorized representative of a member. This document is executed in accordance with section 695.0203 (1) (b), Florida Statutes. | | |
| (Use attachment if necessary) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 days affect or of fling.) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed attaction of the date on the Department of State's records. (ILE VI: Other provisions, if arry. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 695.0203 (1) (b), Florida Statutes. | "MGR" + Manager | |
| (Use attachment if necessary) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 days affect of filing.) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed attention of the provisions, if any. (OPTIONAL) (OPTIONAL) |)/CB | PRIMATE LLC |
| (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after a of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed council's effective date on the Department of State's records. (SE 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. | | 255 ARAGON AVENUE, 2ND FLOOR |
| (Use attachment if necessary) TLE V: Effective date, if other than the date of filing: (OPTIONAL) Ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed summent's effective date on the Department of State's records. FILE 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. Let a some that any false information submitted in a document to the Department of State | ī | CORAL GABLES, FL 33134 |
| (Use attachment if necessary) TLE V: Effective date, if other than the date of filing: (OPTIONAL) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed forment's effective date on the Department of State's records. The document's effective date on the Department of State's records. 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. Let a power that any false information submitted in a document to the Department of State. | - | · · · · · · · · · · · · · · · · · · · |
| (Use attachment if necessary) TLE V: Effective date, if other than the date of filing: (OPTIONAL) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed forment's effective date on the Department of State's records. The document's effective date on the Department of State's records. 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. Let a power that any false information submitted in a document to the Department of State. | | |
| (Use attachment if necessary) TLE V: Effective date, if other than the date of filing: (OPTIONAL) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed forment's effective date on the Department of State's records. The deciment of State's records. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. | | |
| (Use attachment if necessary) TLE V: Effective date, if other than the date of filing: (OPTIONAL) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed forment's effective date on the Department of State's records. The deciment of State's records. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. | - | |
| (Use attachment if necessary) TLE V: Effective date, if other than the date of filing: (OPTIONAL) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed forment's effective date on the Department of State's records. The deciment of State's records. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. | - | |
| (Use attachment if necessary) TLE V: Effective date, if other than the date of filing: (OPTIONAL) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed forment's effective date on the Department of State's records. The deciment of State's records. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. | | 11 |
| (Use attachment if necessary) TLE V: Effective date, if other than the date of filing: (OPTIONAL) Ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed summent's effective date on the Department of State's records. FILE 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. Let a some that any false information submitted in a document to the Department of State | | \$ |
| (Use attachment if necessary) T.E.V: Effective date, if other than the date of filing: (OPTIONAL) Frective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed interment's effective date on the Department of State's records. FLE 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. Let the determination submitted in a document to the Department of State | - | |
| (Use attachment if necessary) T.E. V: Effective date, if other than the date of filing: (OPTIONAL) If fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after a of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed current's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOURED 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. Let a pure that any false information submitted in a document to the Department of State | - | |
| (Use attachment if necessary) T.E.V: Effective date, if other than the date of filing: (OPTIONAL) Frective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed interment's effective date on the Department of State's records. FLE 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. Let the determination submitted in a document to the Department of State | | <u> </u> |
| (Use attachment if necessary) T.E.V: Effective date, if other than the date of filing: (OPTIONAL) Frective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed interment's effective date on the Department of State's records. FLE 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. Let the determination submitted in a document to the Department of State | | |
| (Use attachment if necessary) TLE V: Effective date, if other than the date of filing: (OPTIONAL) The date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after a of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed inserted and the Department of State's records. The 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. Let a a part that any false information submitted in a document to the Department of State | | |
| (Use attachment if necessary) TLE V: Effective date, if other than the date of filing: (OPTIONAL) The date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after a of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed inserted and the Department of State's records. The 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. Let a a part that any false information submitted in a document to the Department of State | | · · · · · · · · · · · · · · · · · · · |
| (Use attachment if necessary) TLE V: Effective date, if other than the date of filing: (OPTIONAL) If flective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after a of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed incurrent's effective date on the Department of State's records. TLE 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. Less accordance that any false information submitted in a document to the Department of State | _ | |
| TLE V: Effective date, if other than the date of filing: | | in C |
| Effective date is listed, the date must be specific and cannot be more than five business days prior to or yo days size a of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed summent's effective date on the Department of State's records. CLE 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. Les aware that any false information submitted in a document to the Department of State | (Use attachment if necessary) | tat |
| Effective date is listed, the date must be specific and cannot be more than five business days prior to or yo days size a of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed summent's effective date on the Department of State's records. CLE 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. Les aware that any false information submitted in a document to the Department of State | | (OPTIONAL) |
| REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is accorded in accordance with section 605.0203 (1) (b), Florida Statutes. Let visible the document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. | TLE V: Effective date, if other than the date of fill | ing (OPTIONAL) |
| REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is accorded in accordance with section 605.0203 (1) (b), Florida Statutes. Let visible the document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. | effective date is listed, the date must be specific | and cannot be more than five business days prior to or yo days and |
| 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. | (Clina) | |
| 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. | If the date inserted in this block does not meet the | be applicable statutory filing requirements, this date will not be insuce |
| 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. | cument's effective date on the Department of Sta | ste's records. |
| 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 me aware that any false information submitted in a document to the Department of State | | |
| 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 are aware that any false information submitted in a document to the Department of State | LE VI: Other provisions, if any. | |
| 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 are aware that any false information submitted in a document to the Department of State | | |
| 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 are aware that any false information submitted in a document to the Department of State | | |
| 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 are aware that any false information submitted in a document to the Department of State | | |
| 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 are aware that any false information submitted in a document to the Department of State | 1 //21 | |
| 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 are aware that any false information submitted in a document to the Department of State | REQUIRED SIGNATURE: / //Kut | nd? |
| This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. | / // ! | |
| This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. | | the development of a member |
| I are aware that any false information submitted in a document to the Department of State | | AZ AR ANIMOTIJEN JENTESENIKUTE UJ A NECUVEJ. |
| I am aware that any talks information submitted in a document to the Separation of Section 25 constitutes a third degree felony as provided for in s.817.155, F.S. | Signature of a member | and the service 605 0203 (1) (b) Florida Statutos |
| consumes a min degree relong as provided for in sections 5. | The boundary of the common of the | accordance with section 605.0203 (1) (b), Florida Statutes. |
| | This document is executed in | accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State |

ARTICLE IV-