

**124000498695**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet for your audit report (shown below) on the top and bottom of all pages of the document.

12-4-24

((H24000397442 3)))



H240003974423ABC2

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : FL PATEL LAW PLLC  
Account Number : 120170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

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

Email Address: brianokayesq@gmail.com

2024 DEC -3 PM 12:07  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

RECEIVED

**FLORIDA LIMITED LIABILITY CO.  
Van Reed Manor LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

2024 DEC -3 AM 1:44  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

2024 DEC -3 AM 1:44

2024 DEC -3 AM 1:44

**ARTICLES OF ORGANIZATION**  
**FOR**  
**VAN REED MANOR LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**  
**Name**

The name of the Limited Liability Company is: Van Reed Manor LLC (the "Company").

**ARTICLE II.**  
**Address**

The principal office of the Company is:

7901 4th St N,  
Ste 300,  
St. Petersburg, FL 33702

The mailing office of the Company is:

P.O. Box 1059,  
Lithia, Florida 33547

**ARTICLE III.**  
**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

Registered Agents Inc  
7901 4th St N,  
Ste 300,  
St. Petersburg, FL 33702

*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 Agents Inc (sign)

2024 DEC -3 AM 1:44  
STATE  
REG. FL

**ARTICLE IV.**  
**Authorized Members and Managers**

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>	RPSE Commercial Management LLC P.O. Box 1059, Lithia, Florida 33547

**ARTICLE V.**

The Effective date shall be the date of filing.

Kalpesh Patel (sign)

**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.

Kalpesh Patel  
Authorized Representative

STATE  
OF FL.

2024 DEC -3 AM 1:44

RECEIVED