## L03000040322

(Re	equestor's Name)		
(Address)			
(Ac	idress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
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## CORPORATION SERVICE COMPANYS

1201 Hays Street Tallahassee, FL 32301 850-521-1000 850-521-1010(fax)

Account Number: 072100	0000032	
Client Account Number:_	ئىت ئاسۇرى ئىسى ئاسىرى	
Cost Limit: 125.	00	y. = 2.7
Authorization::	atricia Pigita	
Contact: Susic X	Night EX 115	Ь
	ration Name(s) & Doc	•
^ ^	ties, LLC=	1
·		**************************************
		<del>-</del>
4)		
Stamped Copy	Certified Copy	Goodstanding <sup>1</sup>
Type of Filings:		
New Filings	Amendment	Qualification
Profit	Amendment	Profit
NFP	COA	NEP
1/ILC	Dissolution/Withd	rawalLLC
LID	Merger	LTD
Other:		
Annual Report	Fictitious Name	Reinstatement

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIVITED LIABI	LITYCUMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	——————————————————————————————————————	2
RG Properties, LLC	•-	
ARTICLE II - Address:	-	海南
The mailing address and street address of the prin	cipal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
7172 49th St. NOAh	Po. Box 56	256
Pincilas Park, FL 33781	- St. Petersburg	, FL 33732
	<u> </u>	·
ARTICLE III - Registered Agent, Registered C	Office, & Registered Agent?	s Signature:
The name and the Florida street address of the reg	ristered agent are:	
7172 49+28		
Florida street address (P.O. I	Box NOT acceptable)	Þ
tivellas tanc	FL 33781	
Having been named as registered agent and to accliability company at the place designated in this ceregistered agent and agree to act in this capacity, statutes relating to the proper and complete performaccept the obligations of my position as registered Registered Agent's	rtificate, I hereby accept the a I further agree to comply with mance of my duties, and I am	ppointment as the provisions of all familiar with and

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	400
MGR	George H. Lindnee 1400 Harbor Place Dr. #1 Tamos, El 33602-0000
mar.	Richard Saunders 10345 April 1304 St. Fetersburg, FL 33700
,	
Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
x Zda	i Cara
	or an authorized representative of a member.
(In accordance with section of this document constituent that the facts stated hereing	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury in are true.)
	d or printed name of signee
:	Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)