

L07000060153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

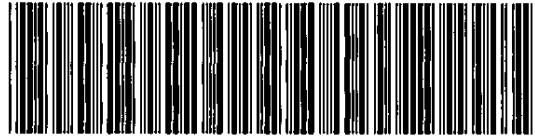
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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

RS Delrey, LLC

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- Art of Inc. File _____
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- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
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- Cert. Copy _____
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- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____

Signature

Requested by:

Name

Date

Time

WL 6/6 1:30

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION

FOR

RS DELREY, LLC
a Florida Limited Liability Company

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TALLAHASSEE, FLORIDA

ARTICLE I

Name

The name of the Limited Liability Company is: RS Delrey, LLC.

ARTICLE II

Address

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

Principal Office Address:

4310 Buena Vista Street #34
Dallas, TX 75205

Mailing Address:

4310 Buena Vista Street #34
Dallas, TX 75205

ARTICLE III

Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the registered agent is:

Misty Jones
2043 Alaqua Lake Boulevard
Longwood, Florida 32779

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 statues 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 608, Florida Statutes.

By:


Registered Agent's Signature

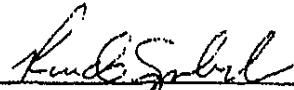
ARTICLE IV
Managers

The name and address of the Manager is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Ricardo Sepulveda 4310 Buena Vista Street #34 Dallas, TX 75205

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

RICARDO SEPULVEDA LIVING TRUST, MEMBER

By: 
Ricardo Sepulveda, Trustee

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