

L00000005529

Rita Mottern

Requester's Name

2178 Harbor View Dr.

Address

Dunedin, FL 34698

City/State/Zip

Phone #

Phone: 727 733-9486

Fax 727 738-8537

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #)

3. \_\_\_\_\_ (Corporation Name) (Document #) 400003246714--0  
-05/10/00--01069--004  
\*\*\*\*125.00 \*\*\*\*125.00

4. \_\_\_\_\_ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication

Name  
Availability  
Document Examiner  
DCC

**OTHER FILINGS**

- Updater  
Updater Verifier  
Annual Report  
Fictitious Name  
Acknowledgement  
W. P. Verifier  
DCC  
DCC

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
00 MAY 10 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Examiner's Initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

RDM, LC

## ARTICLE II - Address:

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

2178 Harbor View Dr.  
DUNEDIN, FL. 34698

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Kita Mottern  
Name  
2178 Harbor View Dr.  
Florida street address (P.O. Box NOT acceptable)  
DUNEDIN FL FL 34698  
City, State, and 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 608, F.S.

Kita Mottern  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Kita Mottern / Dinah A. Miller  
Signature of a member or an authorized representative of a member.

(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.)

Kita Mottern / Dinah A. Miller  
Typed 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)