L01000011676

(Re	equestor's Name)	.		
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
!		;		





100277029001

09/28/15--01015--028 **25.00

2015 SEP 28 A III 32

SEP 2 9 2015

3 MASON

COVER LETTER

Registration Section

TO: Registration Se Division of Cor				
SUBJECT: R	PHoldi	Name of Limited Liab	oility Company	
Dear Sir or Madam:				
The enclosed Statement	of Correction and fee(s)	are submitted for filin	g.	
Please return all corresp	ondence concerning this	matter to the followin	g:	
Ronald	Zq ZZ Name of Person	iRa		
RFP Ho	Idings 1 Firm/Company	LC	-	
P.O. Box	48057 Address	7	_	
Delray ?	Seach, Fl	_ 3344	18	
E-mail address: (to	be used for future annu		_	
For further information of Polytricia Zanana	concerning this matter, p	Ment (50) Area Code	719 - 5490 Daytime Telephone Number	
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center C Tallahassee, Florida 323	s Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:				
□ \$25 Filing Fee	330 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (2/14)				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is: FIRST: The Florida Document number of the limited liability company is: LOIOOO 11676 SECOND: Document to be corrected is: THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the *inemor* corrected statement are as follows: <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. Signature of Authorized Re

> Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: RFP HOLDINGS, LLC

ARTICLE II - Address:

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

c/o Custom Plastering, Inc., 215 SE 8th Street, Boynton Beach, FL 33435

ARTICLE III - Registered Agent:

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

Ronald Zazzira, c/o Custom Plastering, Inc., 215 SE 8th Street, Boynton Beach, FL 33435

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 appointments 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.

Registered Agent's Signature

ARTICLE IV - Management: (Check appropriate box)

☐ The Limited Liability company is to be a manager-managed company.

■ The Limited Liability Company is to be managed by the members.

Signature of a member or an authorized pepresentative of a member.

In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts

stated herein are true.

Ronald Zazzira,