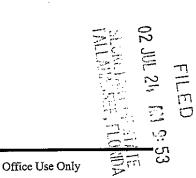
402000018780

Requester's Name

PLANTE & MORAN, LLP

27400 Northwestern Highway P.O. Box 307 Southfield, Michigan 48037-0307 none #



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

1		
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document#)	9000060607091 -06/27/0201028003 ****125.00 ****125.00
(Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	WOQ-18933
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	☐ Photocopy	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of I Change of Regi Dissolution/Wit Merger	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/ Foreign Limited Partner Reinstatement Trademark Other	QUALIFICATION ship
		Examiner's Initials

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 28, 2002

PLANTE & MORAN, LLP P.O. BOX 307 SOUTHFIELD, MI 48037-0307

SUBJECT: RMT ENTERPRISES, L.L.C.

Ref. Number: W02000018933



We have received your document for RMT ENTERPRISES, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 902A00041369

ARTICLÉS OF ORGANIZATION FOF LORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RMT ENTERPRISES, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
611 MOURNING DOVE DRIVE
SARASOTA, FL 34236

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

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

ROBE	ERT M. TAYL	OR				
	N	lame			02	
	MOURNING D					
Flor	rida street address (I	P.O. Box <u>NOT</u>	acceptable)	ا الله الله الله الله الله الله الله ال	5	=
SARA	SOTA	FL	34236		-	İΠ
	City, Sta	ate, and Zip			말: ':?	Ō.
Having been named as registered	l agent and to acc	cept service o	of process for t	he above state	ed <u>ti</u> mi	ited
iability company at the place des	ignated in this ce	ertificate, I h	ereby accept th	he appointmer	ıt as	
registered agent and agree to act	in this capacity.	I ffirther ag	ree to comply v	with the provi	sions c	of all
statutes relating to the proper and accept the obligations of my posit	tion as registered	agent as pro	ovided for in C	hapter 608, F	in an	и
Article IV - Management (Che The Limited Liability Comp therefore, a manager - mana	any is to be man		manager or m	iore managers	and is	s,
(An additional a	W //	ded if an eff	ective date is r	requested)		
Signature of a	member or an aut	horized repre	sentative of a me	ember.		
(In accordance	e with section 608.4 ent constitutes an aff	08(3), Florida	Statutes, the exec	cution		

Typed or printed name of signee

Filing Fees:

that the facts stated herein are true.)

\$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)