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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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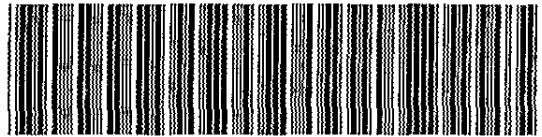
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FILED

03 FEB 17 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 12, 2003

Registration Section
Division of Corporations

Dear Sir or Madam:

Please find the application form for a Limited Liability Company along with a check in the amount of \$125.00.

My Address is:

Paul R Speelman
462 Trout Lane
Oldsmar, Fl. 34677

My daytime phone number is 727 771 8671. My cell number is 727 512 2985

Kindest Regards,
Paul R Speelman



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03 FEB 17 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R.T. REPRESENTATIVES LLC.

ARTICLE II - Address:

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

462 TROUT LANE
OLDSMAR, FLORIDA 34677

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

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

PAUL R. SPEELMAN

Name

462 TROUT LANE

Florida street address (P.O. Box NOT acceptable)

OLDSMAR FL 34677

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.

Paul R. Speelman

Registered Agent's Signature

FILED
FEB 7 AM 10:00
CLERK OF STATE
FLORIDA

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

Paul R. Speelman

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.)

PAUL R. SPEELMAN

Typed or printed name of signer

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)