

1030000 25347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Special Instructions to Filing Officer:

EFFECTIVE DATE

7-7-03

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07/07/03--01054--005 \*\*155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUL -7 PM 12:42

## HOLCOMB & MAYTS, P.A.

Attorneys And Counselors at Law  
106 S. TAMPANIA AVE., STE 200  
TAMPA, FLORIDA 33609  
Phone: (813) 874-8800  
Fax: (813) 874-8700

VICTOR W. HOLCOMB

ANDREW J. MAYTS, JR.

July 2, 2003

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: RH Mt. Dora, LLC

EFFECTIVE DATE

7-7-03

Dear Sirs:

Enclosed herewith please find the original and one copy of the Articles of Organization for RH Mt. Dora, LLC. Please appropriately file and record the original Articles and use the extra copy to return to the undersigned as a certified copy.


Also enclosed is our firm check in the amount of \$155.00, which represents the following:

Filing Fee	\$100.00
Registered Agent Designation	25.00
Certified Copy	<u>30.00</u>
TOTAL	\$155.00

Thank you for your prompt attention to this matter.

Very truly yours,

HOLCOMB & MAYTS, P.A.

  
Nicole Lodato, Secretary to  
Victor W. Holcomb

/nml  
Enclosure

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUL - 7 PM 12:42

FILED

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is: RH Mt. Dora, LLC.

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 5405 Cypress Center Drive, Suite 320, Tampa, Florida 33609.

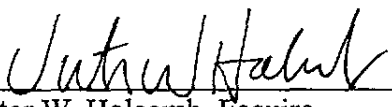
**ARTICLE III  
EFFECTIVE DATE**

The Limited Liability Company shall be effective as of July 7, 2003.

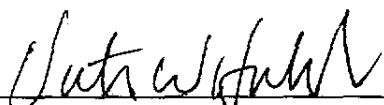
**ARTICLE IV  
REGISTERED AGENT, REGISTERED OFFICE,  
AND RESIDENT AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are Victor W. Holcomb, Esquire, 106 South Tampania Ave., Suite 200, Tampa, Florida, 33609.

*Having been named as registered agent and to accept service of process for the above-named 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 provision 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.*

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire

**IN WITNESS WHEREOF**, the undersigned representative hereby acknowledges that, in accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Victor W. Holcomb, Esquire

EFFECTIVE DATE

7-7-03

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED