

203000057075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

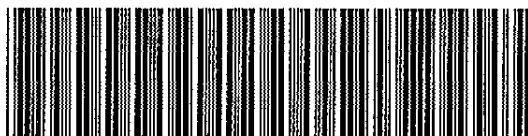
(Business Entity Name)

(Document Number)

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12/31/03--01013--007 **125.00

EFFECTIVE DATE
1-1-04

RECEIVED
03 DEC 31 AM 9:55
DIVISION OF CORPORATION

FILED
03 DEC 31 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RS Johnson LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONALD JOHNSON

(Name of Person)

(Firm/Company)

580 TIMBER RUN

(Address)

HAVANA FL 32333

(City/State and Zip Code)

For further information concerning this matter, please call:

RS Johnson

(Name of Person)

at (850) 251 4850

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EFFECTIVE DATE

1-1-04

ARTICLE I - Name:

The name of the Limited Liability Company is:

RS JOHNSON LLC

ARTICLE II - Address:

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

Principal Office Address:

580 TIMBER RUN
HAVANA, FL 32333

Mailing Address:

580 TIMBER RUN
HAVANA, FL 32333

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

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

RS Johnson
Name

580 TIMBER RUN
Florida street address (P.O. Box NOT acceptable)

HAVANA FL 32333
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

RS Johnson

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

RS Johnson

580 TIMBER RUN

HAVANA, FL 32333

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC 31 AM 10:02

FILED

(Use attachment if necessary)

EFFECTIVE 1-1-04

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

RS Johnson

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.)

RS Johnson

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)