## L04000009187

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
7049 UUVU7209

Office Use Only



100027478621

02/02/04 -01004--022 \*\*155.00



BK



·	:	
OFFICE USE ONLY(DOCUMENT #)	)	
LAZARUS CORPORATE FILING SERVICE 3320 S.W. 87 AVENUE	OF FEB -3 PH III III	
MIAMI, FLORIDA (305)552-5973	THE TOTAL PROPERTY OF THE PARTY	
	OFFICE USE ONLY	
CORPORATION NAME(S) & DOCUMENT NUM	BER(S) (if known):	
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
3.		
(Corporation Name) 4.	(Document #)	
(Corporation Name)	(Document #)	
Walk in Pick up time 2.06	Certified Copy	
Mail out Will wait Photocopy	Certificate of Status	
NEW FILINGS AMENDM	IENTS	
Profit Amendment		
NonProfit Resignation of 1	Resignation of R.A., Officer/Director	
Limited Liability Change of Regis	Change of Registered Agent	
Domestication Dissolution/With	Dissolution/Withdrawal	
Other Merger	Merger	
OTHER FILINGS REGISTRATIO		
Annual Report QUALIFICATION Foreign	QUALIFICATION	
Fictitious Name Limited Partners	ship	
Name Reservation		

Reinstatement Trademark

Other

Examiner's Initials



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 2, 2004

**LAZARUS** 

TALLAHASSEE, FL

SUBJECT: RICHKOTE, L.L.C. Ref. Number: W04000004401



Please note that we have RETAINED your \$155.00 payment.

Please specify a specific effective date in Article V, or if you don't need a specific effective date, just put "effective upon date of filing." We can't tell exactly what you mean by "five business days from date of this document.",

Please note that we have RETAINED your \$155.00 payment.

Please specify a specific effective date in Article V, or if you don't need a specific effective date, just put "effective upon date of filing." We can't tell exactly what you mean by "five business days from date of this document.",

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) 245-6914.

Buck Kohr Document Specialist

Letter Number: 204A00006806



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I – Name:** 

The name of the Limited Liability Company is:

RichKote, L.L.C.



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

1830 Hypoluxo Road, Unit #25, Lakeworth, Florida 33462

**ARTICLE III** – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Ruiz M. Cristobal		
Name		
12226 S.W. 17 <sup>th</sup> Lane, Unit 105		
Florida street address (P.O. Box NOT acceptable		
Miami, Florida 33175		
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 obligation of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature

## ARTICLE IV - Management (Check box if applicable)

The Limited Liability Company is managers and is therefore, a manage	s to be managed by one meer – managed company.	anager or more
Michael		D REGALIANSSE
M. 6		PA 4: 14 E. FLORIDA E. FLORIDA
Signature of a member or an	authorized representative	e of a member.
(In accordance with section 60) this document constitutes an a that the facts stated herein are	ffirmation under the pena	
Mi	chael Stanford	

Typed or printed name signee