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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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104-54030  
JR

EFFECTIVE DATE  
7-13-04

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rimline, 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:

Elizabeth Gilson  
(Name of Person)

Rimline, LLC  
(Firm/Company)

PO BOX 60  
(Address)

Cedar Key, Florida 32625  
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Gilson at (407) 365-1499  
(Name of Person) (Area Code & Daytime Telephone Number)

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**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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Rimline, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

16730 Southwest Airport Road

(Box 60)

Cedar Key, Florida 32625

**Mailing Address:**

PO BOX 60

Cedar Key

FL 32625

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

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

Elizabeth Gilson

Name

16730 Southwest Airport Road

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

Cedar Key

FLORIDA 32625

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, Florida Statutes..*

Elizabeth Gilson

Registered Agent's Signature

EXPIRATION DATE  
7-13-04

FILED  
07.10.19 PM 1:50  
TALLAHASSEE, FLORIDA

**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

Elizabeth Gilson

16730 Southwest Airport Road, Box 60  
Cedar Key, Florida 32625

MGRM

Shawn Stafford

1217 Enderby Court  
Churluota, Florida 32766

MGRM

David Duncan

1217 Enderby Court  
Churluota, Florida 32766

MGRM

Christopher Brill

11636 Sarita Court  
Orlando, Florida 32817

(Use attachment if necessary)

**ARTICLE V - Effective Date:** 7/13/04

**REQUIRED SIGNATURE:**

Elizabeth Gilson

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.)

Elizabeth Gilson, Managing Member

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)