## LOY 0000 54030

(Requestor's Name)	
	<del></del>
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	'S
Special Instructions to Filing Officer:	
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Office Use Only



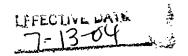
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104-54030



## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Rimline, LLC (Name of Limited Liability Company)	<del></del>		
(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)	<del></del>		
PO BOX 60.	·:		
(Address)			
Cedar Key, Florida 32625	_		
(City/State and Zip Code)	— عمات	7.	
For further information concerning this matter, please call:	VITA IN	<u></u>	
Elizabeth Gilson at (407) 365-1499		ر.	
(Name of Person) (Area Code & Daytime Telephone Number)		y	Ö
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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 Lim		pany is:			
Rimline, LLC		· · · · · · · · · · · · · · · · · · ·			
ARTICLE II - Add The mailing address		of the principal of	office of the Limite	d Liability Comp	oany is:
Principal Office Ad	dress:		Mailing Address	<u>s:</u>	
16730 Southwest Airpo	ort Road		PO BO.	X 60	
(Box 60)			Cedar	Key	
Cedar Key, Florida 32	625	_	FL	32625	<u>:</u>
ARTICLE III - Reg The name and the Flo	orida street address	-		ent's Signature:	04.10.19
-	lizabeth Gilson	Name	<del> </del>	·== · <u>1</u> 11	T) E
<u>1</u>	6730 Southwest Airp		T accentable)	OHDA OHDA	1.50
<u>c</u>	Cedar Key		ORIDA 32625	,	<b>.</b> .

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

7-13-04

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Membe	er ·	
MGRM	Elizabeth Gilson	
	16730 Southwest Airport Road, Box 60	
	Cedar Key, Florida 32625	<u> </u>
MGRM	Shawn Stafford	
	1217 Enderby Court	· · ·
	Churluota, Florida 32766	<u></u>
MGRM	David Duncan	
	1217 Enderby Court	
	Churluota, Florida 32766	
MGRM	Christopher Brill	
	11636 Sarita Court	<u></u> ,
	Orlando, Florida 32817	* · ·
(Use attachment if necessary)	÷	<u></u>
	7/1.5	
ARTICLE V - EFF	ective Date: 7/13/04	2 ·
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REQUIRED SIGNATURE:		
Elmahe	the It lead )	7 50
Signature of a mem	ber or an authorized representative of a member.	=- 17
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	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	
that the facts stated h		

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)

Typed or printed name of signee

Elizabeth Gilson, Managing Member