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(Requestor's Name)

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(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

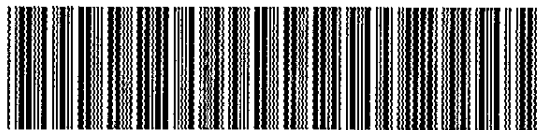
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LAW OFFICE OF  
**ROBERT E. SHARBAUGH, P.A.**

700 CENTRAL AVENUE, SUITE 402  
ST. PETERSBURG, FL 33701  
PHONE: (727) 898-3000

July 29, 2004

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

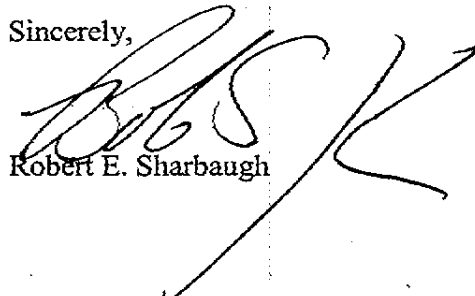
**Re: RS Designz, LLC**

Dear Sir/Madam:

Enclosed herewith please find the original and one copy of the Articles of Organization of RS Designz, LLC. I have also enclosed a check in the amount of \$155.00 representing the filing fee. Please return the certified copy of the Articles of Organization to me in the enclosed self-addressed, stamped envelope.

Thank you for your assistance in this matter.

Sincerely,

  
Robert E. Sharbaugh

RES/js  
Enclosures

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**ARTICLES OF ORGANIZATION  
OF  
RS DESIGNZ, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I - NAME**

The name of the limited liability company shall be RS DESIGNZ, LLC.

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the company is 5156 - 74<sup>TH</sup> Street North, St. Petersburg, FL 33709.

**ARTICLE III - DURATION**

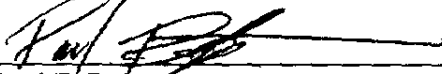
The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State or on another effective date as specified. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these Articles of Organization or in the regulations.

**ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE AND  
REGISTERED AGENT'S ACCEPTANCE:**

The name and street address of the registered agent and registered office is:

Name: Paul E. Roberts  
Address: 2733 Nicole Circle  
Palm Harbor, FL 34684

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.

  
Paul E. Roberts

Date: 8/4/04

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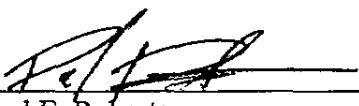
## ARTICLE V - MANAGEMENT

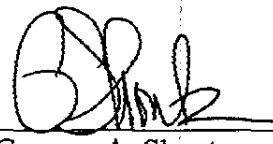
The company shall be a member-managed company in accordance with policies and regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provision for the regulation and management of the affairs of the company not inconsistent with law or these Articles of Organization. The name and address of the initial member managers of the company is:

Paul E. Roberts  
2733 Nicole Circle  
Palm Harbor, FL 34684

Gregory A. Shontz  
5156 - 74<sup>th</sup> Street North  
St. Petersburg, FL 33709

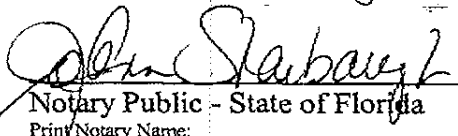
IN WITNESS WHEREOF, the undersigned authorized representative has made and subscribed these Articles of Organization at St. Petersburg, Florida, on the 4<sup>th</sup> day of August, 2004.

  
Paul E. Roberts

  
Gregory A. Shontz

SWORN TO AND SUBSCRIBED BEFORE me this 4<sup>th</sup> day of August, 2004,  
by Paul E. Roberts.

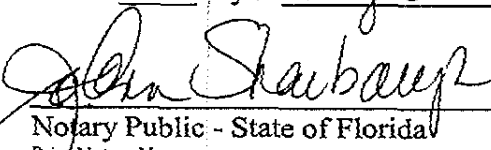
Personally Known ☒  
Produced Identification \_\_\_\_\_  
Type of Identification \_\_\_\_\_

 (SEAL)  
Notary Public - State of Florida  
Print Notary Name: \_\_\_\_\_  
My Commission Number is: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



SWORN TO AND SUBSCRIBED BEFORE me this 4<sup>th</sup> day of August, 2004,  
by Gregory A. Shontz.

Personally Known ☒  
Produced Identification \_\_\_\_\_  
Type of Identification \_\_\_\_\_

 (SEAL)  
Notary Public - State of Florida  
Print Notary Name: \_\_\_\_\_  
My Commission Number is: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



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