(尺€	equestor's Name)	
(Ac	idress)	
(,	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

TO: Registration Se Division of Con				
SUBJECT: RMB Des	ign and Acquisitions LLC		<u> </u>	
	(Name of Limited	Liability Company)		
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
Mary Ali	ce Bolline			
	0	Name of Person)		
RMB Design and Ac	aujeitione			
AMB Design and Ac		Firm/Company)		
2084 Hawai	i Avenue N.E.			
		(Address)		
St. Pe	etersburg, Florida 33703			
		State and Zip Code)		_
				ing de ^{te} lategr
For further information	concerning this matter, please	call:	and a control of the	
Mary Alice Bolline		at (727) 522-7026	δυ::: [1] [1]	
(Name	of Person)	(Area Code & Daytime To	elephone Number)	3 E
Enclosed is a check fo	r the following amount:			ب <u>-</u>
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STRE	ET ADDRESS:	MAILING A	DDRESS:	

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

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:	
RMB Design and Acquisitions LLC	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2084 Hawaii Avenue NE St. Petersburg, Florida 33703	Same
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
Mary Alice Bolline	
Name	
2084 Hawaii Avenue NE	
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
St. Petersburg City, State, ar	FL 33703 ad Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as register	is certificate, I hereby accept the appointment as its certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 68; F.S EFFECTIVE DATE & Signature NOVIMBER 16, 2004

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Mary Alice Bolline	
	2084 Hawaii Avenue N.E. St. Petersburg, Florida 33703	
MGRM	Robert E. Bolline	
	SAME	
- No Market de la leve de la leve		
(Use attachment if necessary)		
NOTE: An additional article must b	e added if an effective date is requested.	
REQUIRED SIGNATURE:		
Signature of a member	In Morg Alice Bolling of an authorized representative of a member.	FEB
(In accordance with section of this document constituent that the facts stated her	on 608,408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury rein are true.)	
Mary Alice Bolline	DA P	

Filing Fees:

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30,00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee