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(Requestor's Name) (Address)	90046256219
(City/State/Zip/Phone #) P!CK-UP	02/10/05n;064n07 **125.00
Certified CopiesCertificates of Status	

Office Use Only

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	FILED
SUBJECT: R.B. Phillips, LLC (Name of Limited)	C 2005 FEB 10 ₱ 3: 43
(Name of Limited	Liability Company) SECRETARY OF STATE TALLAHASSEE, FLORIDA
The enclosed Articles of Organization and fee(s) are sul	bmitted for filing.
Please return all correspondence concerning this matter	to the following:
Richard	B. Phillips ame of Person)
(Ne	ame of Person)
R.B. Philli	ips, LLC
(Fi	irm/Company)
P.O. Box	1365 (Address)
·	(Address)
Bronson, F	EL 32621 State and Zip Code)
For further information concerning this matter, please or	
Kichard B. Phillips a	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, Florida 32314
	a management was a self-1999 of the 1 T

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY OF PARTY

	* E House Save Co.
ARTICLE I - Name: The name of the Limited Liability Company is:	
R.B. Phillips, LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6830 NE 106th Ten Bronson, Fl 32621	P.O. Box 1365 Bronson, FL 32621
ARTICLE III - Registered Agent, Registered	
The name and the Florida street address of the r	egistered agent are:
Richard E	3. Phillips
* III-III	
	106th Terr
\circ	dress (P.O. Box NOT acceptable)
Dronson City, State, 8	
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe accept the obligations of my position as regis	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

The name and address of each Manager	of targetasting tateuroet is as to	FILED
Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		2005 FEB 10 P 3: 43
MGR	Richard B. F	Philippitary of State Dufaltaliassee, Florida
	U830 NE 1	DOMALICALASSEE, FLORIDA
	Bronson, A	32621
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(Use attachment if necessary)	•	
NOTE: An additional article must be	e added if an effective date i	s requested.
REQUIRED SIGNATURE:	21	•
REQUIRED SIGNATURE.		•
		:. .
J. mn	9 MM	<u> </u>
Signature of a member of	or an authorized representative o	f a member.
(In accordance with section	on 608.408(3), Florida Statutes, the	execution
of this document constitu that the facts stated her	tes an affirmation under the penalti-	es of perjury
	ard B. Phillips	•
KICHO	ed or printed name of signee	

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)