L050000 18192

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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##130.00 **130.00

SECTEDARY SAFE

1005 FFR 18 PM 19-

TRANSMITTAL LETTER

TO: Registration Section Division of Corpo				
SUBJECT: RTK Enterp	rises LLC			
	(Name of Limited	Liability Company)		
	rganization and fee(s) are su			
Please lettiin an correspond	defice concerning and matter	to the following.		
Roma Gane				
	(N	ame of Person)		
				—
	(P	irm/Company)		
4741 SW 153r	d Terrace	(Address)		
		(Address)		
Miramar	r, FL. 33027	State and Zip Code)		
	(City/2	state and Zip Code)		
For further information con	ncerning this matter, please o	all:	وسم در خدلت در معرفی	ώ Ν
				2005 _/
Roma Ganesh		at (954 438-6255		
(Name of	Person)	(Area Code & Daytime Te	Jephone Number)	0
Enclosed is a check for the	he following amount:		Fe.	PM
	3 \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Eiling F Certificate of Status Certified Copy (additional copy is enclo	

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	s:
RTK Enterprises LLC	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4741 SW 153rd Terrace	4741 SW 153rd Terrace
Miramar, FL. 33027	Miramar, FL. 33027
The name and the Florida street address of the Roma Ganesh Nam	
4741 SW 153rd Terrace	OOS F
	ddress (P.O. Box NOT acceptable)
Miramar, FL. 33027	FL FL
City, State	, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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	Name and Address: Member	
"MGR"	Roma Ganesh	
	4741 SW 153rd Terrace	
	Miramar, FL. 33027	
(Use attachment if nece	ssary) Section 20	
NOTE: An additiona	l article must be added if an effective date is requested. URE:	~ {
REQUIRED SIGNAT		स्वयक्त * क्षेत्रक है
	ture of a member or an authorized representative of a member.	423
Signa	ture of a member or an authorized representative of a member.	
of this	cordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)	
Rom	a Ganesh	

Typed 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)