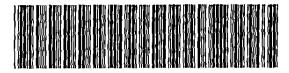
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| (Requestor's Name |) |
|---|-------------|
| (Address) | |
| (Address) | |
| (······ | |
| (City/State/Zip/Phor | ne #) |
| PICK-UP WAIT | MAIL |
| (Business Entity Na | me) |
| (Document Number |) |
| Certified Copies Certificate | s of Status |
| Special Instructions to Filing Officer: | |
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TRANSMITTAL LETTER

Registration Section Division of Corporations

то:

| SUBJECT: R5BF HOLD! (Name of Limited Lia | NGS, L.L.C, | | | |
|---|--|--|--|--|
| The enclosed Articles of Organization and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| (Name | of Person) | | | |
| RSBF HOLDINGS | Company) | | | |
| 3320 S.W. 16 TH T | ERRACE Idress) | | | |
| MIAMI & L 33145 (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| RONALD MANGRAVITE at ((Name of Person) | (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount: | | | | |
| Certificate of Status Cer | \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional Copy is enclosed) | | | |
| 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

| RSBF | HOLDINGS | L.L.C. |
|------|---------------|--------|
| | 119 9 11 10 2 | |

ARTICLE II - Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|---|--|
| 3320 S.W. 16 TH TERRACE MIAMI FL 33145 | 3320 S.W. 16TH TERRACE MIAMI FL 33145 |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

PONALD MANGRAVISE 3320 S.W. 1674 TERRACE
Florida street address (P.O. Box NOT acceptable)

MIRM FL 33145

City, State, and Zip

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, F.S.

(CONTINUED)

| The name and address of each Manage | | | | |
|---|---|--|--|--|
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | | | |
| MGR | RONALD MANGRAVITE 3320 5 W 16TA TERRACE MIAMI EL 33145 | | | |
| MGR | SANDRA MANGRAVITE 3320 S.W. 16TH TERRACE MIAMI FL 33145 | | | |
| | | | | |
| | | | | |
| (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: | | | | |
| Signature of a member | or an authorized representative of a member. | | | |
| of this document constitu that the facts stated her | | | | |
| Filing Fees: | d or printed name of signee | | | |
| \$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) | zation and Designation | | | |