# L05000028759

(Re	equestor's Name)	
(Ac	idress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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# BRYAN MAR 2 3 2005

# TRANSMITTAL LETTER

UBJECT:	RioMar, LLC	
_	(Name of Limited Liability Company)	·
he enclosed	Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	Sandra Kelps McCaskey	
	(Name of Person)	<del>-</del> _
_	RIO MAR PROPERTIES, LLC (Firm/Company)	
	(Pirm/Company)	<u>23</u>
	3837 Northdale Blvd. Suite 290	2005 HAR
	(Address)	R 2
	Tampa, FL 33624	SSEE SSEE
	(City/State and Zip Code)	— 円分
or further inf	Formation concerning this matter, please call:	RATIONS
Sa	ndra Kelps McCaskey at ( 813 ) 960.4242	
	(Name of Person) (Area Code & Daytime Telephone Number	r)

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

ARTICLES OF ORGAN FOR FLORIDA LIMITED LJABILI				
ARTICLE I - Name:	SSC 2			
The name of the Limited Liability Company is:				
RioMar Properties, LLC	92			
ARTICLE II - Address: The mailing address and street address of the principal of				
Principal Office Address:	Mailing Address:			
3837 Northdale Blvd. Suite 290	3837 Northdale Blvd. Suite 290			
Tampa, FLORIDA 33624	Tampa, FLORIDA 33624			
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered	* * ·			
Sandra Keips McCaskey	<del>,</del>			
Name				
3837 Northdale Blvd. Suite	290			
Florida street address (P.O. Box NOT acceptable)				
Tampa FLC	ORIDA 33624			

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, Florida Statutes..

Page 1 of 2 (CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Manager	
MGRM	Sandra Kelps McCaskey
	3837 Northdale Blvd. Suite 290
	Tampa, FLORIDA 33624
MGRM	William D. McCaskey
	3837 Northdale Blvd. Suite 290
	Tampa, FLORIDA 33624
	# 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Use attachment if	necessary)
•	•
NOTE: An additi	onal article must be added if an effective date is requested.
REQUIRED SIGN	NATURE:
Sal	ndra kulps Ixe Casky
Signatu	re of a member or an authorized representative of a member.
of this	ordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury affacts stated herein are true.)
	Sandra Kelps McCaskey
<del></del>	Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)