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TALLAHASSEE, FLORIDA

T. Brumbley MAR 28 2005

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RRSA-1, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claude R. Moulton

(Name of Person)

Claude R. Moulton, PA

(Firm/Company)

2014 North Laura Street

(Address)

Jacksonville, FL 32206-3635

(City/State and Zip Code)

For further information concerning this matter, please call:

Claude Moulton

(Name of Person)

at ( 904 )

632-0120

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company is: RRSA-1, LLC

**ARTICLE II — Address:**

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

4509 N.W. 23<sup>rd</sup> Avenue, Suite 14  
Gainesville, Florida 32606

**ARTICLE III — Registered Agent and Registered Office**

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

Robert J. Polvere  
4509 N.W. 23<sup>rd</sup> Avenue, Suite 14  
Gainesville, Florida 32606

**ARTICLE IV — Purpose**

The purpose for which this Limited Liability Company is organized is: Any and all lawful business.

**ARTICLE V – Managing Member**

The name and the address of the Managing Member is:

Robert J. Polvere  
4509 N.W. 23<sup>rd</sup> Avenue, Suite 14  
Gainesville, Florida 32606

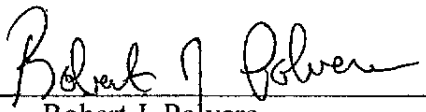
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IN WITNESS WHEREOF, I have signed these Articles of Organization as the member and acknowledged them to be my act this 18<sup>th</sup> day of March, 2005.

  
Robert J. Polvere

# STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

  
Robert J. Polvere

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