# L05000040684

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consist to the street of Ellins Officers
Special Instructions to Filing Officer:

Office Use Only



300051112213

04/21/05--01026--009 \*\*160.00

2005 APR 21 PH 1: 11

NAME OF CORPORATIONS

NAME OF CORPORATIONS

## TRANSMITTAL LETTER

TRANSMITTAL LETTER	FILED IN I
TO: Registration Section Division of Corporations	21 74
SUBJECT: RSL BUSINESS SOLUTIONS LLC	à ··
(Name of Limited Liability Company)	三皇二
The enclosed Articles of Organization and fee(s) are submitted for filing.	U,
Please return all correspondence concerning this matter to the following:	
MITCHELL D. O'DONNELL	
(Name of Person)	
SAVAGE O'DONNELL MCNULTY & AFFELDT	
(Firm/Company)	
601 SOUTH BOULDER - SUITE 600	
(Address)	·
TULSA, OKLAHOMA 74119-1306	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Mitchell D. O'Donnell at( 918 ) 599-8400	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee Certificate of Status  □ \$130.00 Filing Fee Certified Copy (additional copy is enclosed)  □ \$130.00 Filing Fee Certified Copy (additional copy is enclosed)	
STREET ADDRESS: Registration Section  MAILING ADDRESS: Registration Section	

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION OF RSL BUSINESS SOLUTIONS LLC



### ARTICLE I.

The name of the Limited Liability Company is: RSL BUSINESS SOLUTIONS LLC

### ARTICLE II.

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

Principal Office Address:

Mailing Address:

4631 N.W. 31st Avenue #289 Fort Lauderdale, Florida 33309

4631 N.W. 31st Avenue #289 Fort Lauderdale, Florida 33309

### ARTICLE III.

The name and the Florida street address of the Registered Agent are:

JEAN PIERRE RIVEST 1608 Eastlake Way Weston, Florida 33326

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.

Jean Pierre Rivest

ARTICLE IV.

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

<u>Title</u>

Name and Address

MGRM

SUZANNE LARABIE 6724 East 117th Place Bixby, Oklahoma 74008

Mitchell D. O'Donnell

