## L0500043572

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

TO: Registration Section Division of Corporation	ons		
SUBJECT:		Ue Opme I Liability Company)	NTLLC
The enclosed Articles of Organ	nization and fee(s) are su	ubmitted for filing.	
Please return all correspondence	e concerning this matter	r to the following:	
	Steve	E Allen	)
<u></u> -	()	Name of Person)	- <del>-</del>
So W	L RAST	Ricelty Firm/Company)	GROUPING
<u> </u>	51 OL	ympus D (Address)	RIVE
JUN	O BAAC	L F 1 3 State and Zip Code)	3408
For further information concern Steve Alle (Name of Person	(p)	at (Area Code & Daytime Te	m - m
Enclosed is a check for the f	ollowing amount:		
	130.00 Filing Fee & ificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing: Fee Certificate of Status & Certified Copy (additional copy is enclosed)
STREET AD Registration S Division of C	Section Corporations	MAILING AI Registration S Division of Co	ection opporations

409 E. Gaines Street Tallahassee, Florida 32399

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:
RX Development LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  4510 Lynnous DANK  4510 Clynnous DR-  JUNO BOACK FT 23408  73408
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature
The name and the Florida street address of the registered agent are:  Steve AICN  Name  VSI OLYMPUS DRIVE  Florida street address (P.O. Box NOT acceptable)  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  Registered Agent's Signature

(CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member	Steve E. Allen  451 OLYMPUS ARIV  JUNG Bertch F)  33408		
	TARCE A		
(Use attachment if necessary)  NOTE: An additional article must	be added if an effective date is requested. 55		
REQUIRED SIGNATURE:	He Edl		
Signature of a membe	r or an authorized representative of a member.		
of this document consti that the facts stated h	ction 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury serein are true.)		
•	ped 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)

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