

L05000044523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

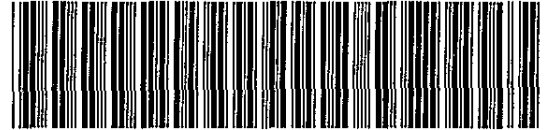
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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05/02/05--01029--008 **125.00

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Agent Registration

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Att. P. Manager

DCC

PP 170
2005-04-20 P 2:20
1200-04-20 P 2:20

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RCCM, 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:

CLIVE PEARSON
(Name of Person)

PEARSON-GILMAN, LLC
(Firm/Company)

100 SOUTH POINTE DR. UNIT 2609
(Address)

MIAMI BEACH, FL 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

CLIVE PEARSON at (305) 538 1556
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 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

FILED
2011-11-2 P 2:20
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RCCM, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

100 SOUTH POINTE DR. 100 SOUTH POINTE DR.
UNIT 2609 UNIT 2609
MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

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

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

CLIVE J. PEARSON
Name

100 SOUTH POINTE DR. UNIT 2609
Florida street address (P.O. Box **NOT** acceptable)

MIAMI BEACH FL 33139
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..

Clive J. Pearson
Registered Agent's Signature

(CONTINUED)

FILED
JUN 5 MAY - 2 P 2:20
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

CLIVE PEARSON
100 SOUTH POINTE DR 2609
MIAMI BEACH, FL 33139

MGRM

CARLA DATORRE
100 SOUTH POINTE DR 2609
MIAMI BEACH FL 33139

MGRM

ROBERT SINK
1417 CROSBY DR
FT WASHINGTON, PA 19034

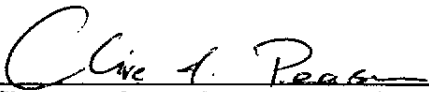
MGRM

MIGUEL ANGEL HERNANDEZ
2 GROVE ISLE, UNIT 1806
MIAMI FL 33133

(Use attachment if necessary)

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.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CLIVE J. PEARSON
Typed 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)

2015 MAY -2 P 2:20
SECRETARY OF STATE
TALLAHASSEE FL 32399

FILED