

L05000045655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

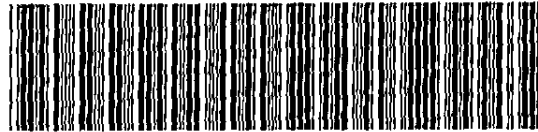
(Document Number)

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FILED
05 MAY -9 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05 MAY -9 PM 12:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PSG - Lexington, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File_____
- ☐ LTD Partnership File_____
- ☒ Foreign Corp. File_____
- ☐ L.C. File_____
- ☐ Fictitious Name File_____
- ☐ Trade/Service Mark_____
- ☐ Merger File_____
- ☐ Art. of Amend. File_____
- ☐ RA Resignation_____
- ☐ Dissolution / Withdrawal_____
- ☐ Annual Report / Reinstatement_____
- ☒ Cert. Copy_____
- ☒ Photo Copy_____
- ☐ Certificate of Good Standing_____
- ☐ Certificate of Status_____
- ☐ Certificate of Fictitious Name_____
- ☐ Corp Record Search_____
- ☐ Officer Search_____
- ☐ Fictitious Search_____
- ☐ Fictitious Owner Search_____
- ☐ Vehicle Search_____
- ☐ Driving Record_____
- ☐ UCC 1 or 3 File_____
- ☐ UCC 11 Search_____
- ☐ UCC 11 Retrieval_____

Signature _____

Requested by: WL 5/9 11:00
Name Date Time

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RSG - Lexington, LLC

ARTICLE II - Address:

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

Principal Office Address:

4648 Golden Gate Parkway Unit C
Naples, FL 34116

Mailing Address:

P.O. Box 1550
Marco Island, FL 34146

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

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

Ronald L. Glas

Name

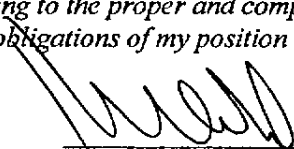
4648 Golden Gate Parkway Unit C

Florida street address (P.O. Box **NOT** acceptable)

Naples, FL 34116

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)

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05 MAY 2014
PH 2:34
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TALLAHASSEE, FLORIDA

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:

MGR

Barfield Bay Properties, Inc.

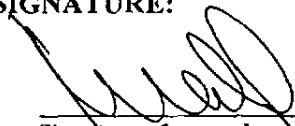
P.O. Box 1550

Marco Island, FL 34146

(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.)

Ronald L. Glas

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)**