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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
_	,	,		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: RL STO		d Liability Company)	
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
ROBER ¹	re. Little		
	0	Name of Person)	
RL STONEWORKS	II.C		
112 0,011211011110		Firm/Company)	一直至
			TAN 26 PM 1: 22 ALLAHASSEE, FLORID
12655 AGA	TITE ROAD		SSESSI
12000 AGA	TIL ROAD	(Address)	The state of the s
		•	92 23
IACH	(SONVILE, FL 32258		OP CO
<u> </u>		(State and Zip Code)	
	`` ,		
For further information	concerning this matter, please	call:	
ROBERT E. LITTLE		at (904) 716-7552	
	of Person)	at (904) 716-7552 (Area Code & Daytime T	elephone Number)
		•	
Enclosed is a check for	or 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)
	ET ADDRESS: ration Section	MAILING A Registration S	

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

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

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	18 Sec. 19
RL STONEWORKS, LLC	
ARTICLE II - Address:	A CONTRACTOR OF THE CONTRACTOR
	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12655 AGATITE ROAD	12655 AGATITE ROAD
JACKSONVILE, FL 32258	JACKSONVILE, FL 32258
ROBERT E. LITTLE	
Name	
12655 AGATITE ROAD	
Florida street ad	dress (P.O. Box NOT acceptable)
JACKSONVILE, FL 32258	FL
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
Registered Agent'	Signature

(CONTINUED)

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 MGRM ROBERT E. LITTLE 12655 AGATITE ROAD JACKSONVILE, FL 32258

(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.)

ROBERT E. LITTLE

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)