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SECRETARY OF STATE
TALLAHASSEE FL 32399

WS-55098
JR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASH Management Company, 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:

Michael L. Moore, Esq.
(Name of Person)

Baron and Moore, P.A.
(Firm/Company)

640 N. Hillside Avenue
(Address)

Orlando, FL 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

Craven Clark at (407) 894-6447
(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

35 MAY 27 PM 2:46
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

RSH Management Company, LLC

ARTICLE II – Address:

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

Principal Office Address

4238 Bell Tower Court
Belle Isle, Florida 32812

Mailing Address

4238 Bell Tower Court
Belle Isle, Florida 32812

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature

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

Michael L. Moore, Esquire
640 North Hillside Avenue
Orlando, Florida 32803

Having been named as registered agent and to accept service of process for 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, Florida Statutes.



Registered Agent's Signature

ARTICLE IV – Manager(s) or Managing Member(s)

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

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TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Rena S. Hill

4238 Bell Tower Court

Belle, Isle Florida 32812

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Rena S. Hill

Typed or printed name of signee

Filing fees enclosed

\$100.00 Filing Fee for Articles of Organization

\$25.00 Designation of Registered Agent

\$30.00 Certified Copy

\$ 5.00 Certificate of Status

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA