

L 05 000068326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

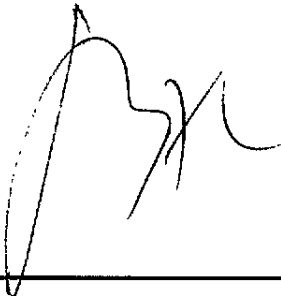
☐ MAIL

(Business Entity Name)

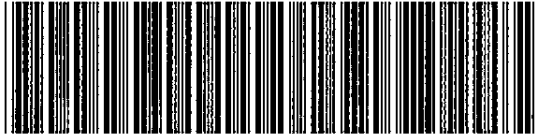
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



Office Use Only



500056653075

~~EFFECTIVE DATE~~  
7/5/05

**FILED**  
05 JUL 12 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JUL 12 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

~~EFFECTIVE DATE~~  
7/5/05

ACCOUNT NO. : 072100000032

REFERENCE : 478115 81011A

AUTHORIZATION :

COST LIMIT : \$ 155.00

*Patricia Pujato*

FILED  
05 JUL 12 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : July 12, 2005

ORDER TIME : 11:38 AM

ORDER NO. : 478115-010

CUSTOMER NO: 81011A

CUSTOMER: Nicole Lodato  
Holcomb & Mayts, P.a.

201 N. Armenia Ave.

Tampa, FL 33609

DOMESTIC FILING

NAME: RH ALACHUA, LLC

EFFECTIVE DATE: JULY 5, 2005

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I  
NAME**

The name of the Limited Liability Company is RH Alachua, LLC.

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 5405 Cypress Center Drive, Suite 320, Tampa, Florida 33609.

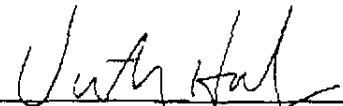
**ARTICLE III  
EFFECTIVE DATE**

The Limited Liability Company shall be effective as of July 5, 2005.

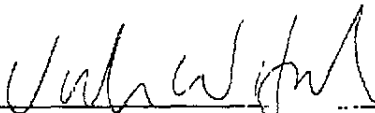
**ARTICLE IV  
REGISTERED AGENT, REGISTERED OFFICE,  
AND RESIDENT AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are Victor W. Holcomb, Esquire, 201 N. Armenia Ave., Tampa, Florida, 33609.

*Having been named as registered agent and to accept service of process for the above-named 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 provision 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.*

  
Victor W. Holcomb, Esquire

IN WITNESS WHEREOF, the undersigned representative hereby acknowledges that, in accordance with Section 608.408(3), Florida Statutes, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
Victor W. Holcomb, Esquire

EFFECTIVE DATE

7/5/05

FILED  
05 JUL 12 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA