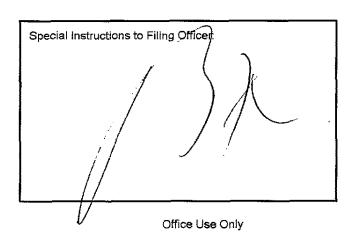
## L05000101042

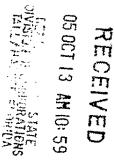
|        | (Re     | questor's Name)                     |         |
|--------|---------|-------------------------------------|---------|
|        |         |                                     |         |
|        |         |                                     |         |
|        | (Ad     | dress)                              |         |
|        |         |                                     |         |
|        | <u></u> | dress)                              |         |
|        | (AC     | u1033)                              |         |
|        |         |                                     |         |
|        | (Cit    | y/State/Zip/Phone                   | e #)    |
|        |         |                                     |         |
|        |         |                                     |         |
| □ PICK | IP      | □ WAIT                              | II MAII |
| PICK-  | UP      | MAIT                                | MAIL    |
| PICK-  | UP      | ☐ WAIT                              | MAIL    |
| Pick-  |         |                                     |         |
| PICK-  |         | WAIT siness Entity Nar              |         |
| Pick-  |         |                                     |         |
| PICK-  | (Bu     |                                     | ne)     |
| Pick-  | (Bu     | siness Entity Nar                   | ne)     |
| Pick-  | (Bu     | siness Entity Nar                   | ne)     |
| PICK-  | (Bu     | siness Entity Nar<br>cument Number) | ne)     |





200060149462







ACCOUNT NO. : 072100000032

REFERENCE: 649185 7121801

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: October 12, 2005

ORDER TIME : 8:53 AM

ORDER NO. : 649185-005

CUSTOMER NO: 7121801

DOMESTIC FILING

NAME: RGT ASSOCIATES, LLC

EFFECTIVE DATE:

XX \_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_ PLAIN STAMPED COPY

CONTACT PERSON: Denise Mick - EXT. 2950

EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| 05001 3 PM 5 5000 | C   E   73.26 |
|-------------------|---------------|
| <br>- Br          |               |

ARTICLE I - Name:

The name of the Limited Liability Company is:

| RCT | ASSOC: | ATES, | 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:               |  |  |  |
|--------------------------------|--------------------------------|--|--|--|
| 12 Sunset Bay, Ocean Reef Club | 12 Sunset Bay, Ocean Reef Club |  |  |  |
| Key Largo, FL 33037            | Key Largo, FL 33037            |  |  |  |
|                                |                                |  |  |  |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

| Name |         |        |             |          |                    |         |
|------|---------|--------|-------------|----------|--------------------|---------|
| 12 : | Sunset  | Bay.   | Ocean       | Reof     | Club               |         |
|      | Florida | street | address (   | P.O. Bo  | x <u>NOT</u> accep | ptable) |
| Key  | Largo   |        |             |          | FLORIDA            | 33037   |
|      |         |        | City, State | c. and Z |                    |         |

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

| <u>Title:</u><br>"MGR" = Manager<br>"MGRM" = Managing Member | Name and Address:   |
|--|---|
| MGRM   | Robert G. Thomson   |
| -  | 12 Sunset Bay, Ocean Reef Club  |
|  | Key Largo, FL 33037   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| (Use attachment if necessary)                                |   |
|  |   |
| NOTE: An additional article must                             | be added if an effective date is requested.   |
| REQUIRED SISNATURE:  | W.  |
| (In accordance with section (                                | n authorized representative of a member.  508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury |

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

ROBERT G. THOMSON