# L05000123625

(Re	questor's Name	e)
(Ad	dress)	- William
(Ad	dress)	
(Cit	y/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity N	ame)
(Do	cument Numbe	er)
Certified Copies	_ Certificat	es of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446

OFFICE USE ONLY OF STATE OF ST

WALK-IN

### ENTITY NAME:

RT MANAGEMENT, LLC

CK# 1824

AMOUNT \$155.00

PLEASE FILE THE ATACHED ARTICLES & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGA FOR FLORIDA LIMITED LIABIL  ARTICLE I - Name: The name of the Limited Liability Company is:		
RT MANAGEMENT, LLC	A STATE OF THE STA	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
800 FT. PICKINS ROAD	800 FT. PICKINS ROAD	
PENSACOLA BEACH, FLORIDA 32561	PENSACOLA BEACH, FLORIDA 32561	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered		
NRAI Services, Inc.		
Name		
2731 Executive Park Drive, Suite 4 Florida street address (P.O. Box N	OT acceptable)	
Weston FI City, State, and Zip	ORIDA 33331	

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..

NRAI Services, Inc.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

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

Name and Address:
800 Ft. Pickins Road
Pensacola Beach, Florida 32561
800 Ft, Pickins Road
Pensacola Beach, Florida 32561

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member of 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.)

Gary E. Snyder, Organizer & Attorney for RT Management, LLC Typed or printed name of signee

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)