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(C	city/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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(D	ocument Number)
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SECRETARY OF STATE

# TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: RS Sarasota Holdings (Name of Limited )	LLC Liability Company)	_
The enclosed Articles of Organization	n and fee(s) are submitted for filing.	
Please return a	ll correspondence concerning this matter to the following:	
Ronald R Shenkin		
	(Name of Person)	
RS Sarasota Holdings I		
	(Firm/Company)	
1717 Second St Ste D		
	(Address)	
Sarasota, FL 34236		
	(City/State and Zip Code)	
For further information concerning th	nis matter, please call:	
William Baumgardner	at (941) 364-9915	_
(Name of Person)	Area Code & Daytime Phone	

STREET ADDRESS
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Sections
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	<u> </u>
pal office of the Limited Liabil	lity Company is:
Mailing Address:	
1717 Second St Ste D	
Sarasota, Fl 34236	
Office, & Registered Agent's ristered agent are:	s Signature:
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vice of process for the above state by accept the appointment as rest th the provisions of all statutes rela to with and accept the obligations for in Chapter 608, F.S.	stered agent and ting to the proper
	Mailing Address:  1717 Second St Ste D  Sarasota, Fl 34236  Office, & Registered Agent's istered agent are:  Box NOT acceptable)  FLORIDA 34236  and Zip  vice of process for the above state by accept the appointment as regin the provisions of all statutes regin the provisions of all statutes regin with and accept the obligations.

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:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Men	nber		
MGRM	Ronald R Shenkin 1717 2 <sup>nd</sup> St Ste D	•	<del>.</del>
	Sarasota, Fl 34236		
MGRM			
(Use attachment if necessary	у)		,
NOTE: An additional artic	le must be added if an effective date is requested.		
REQUIRED SIGNATURE	AHASSEH AHASSEH	JAN 10	
Signatu	are of a member or an authorized representative of a member	ט	Ö
of this	cordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)	84 %	
Willia	m Baumgardner		
	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)