

L06000013888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

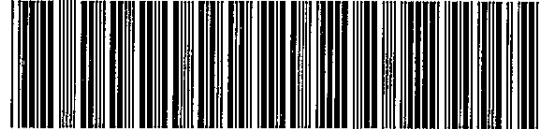
(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RS Properties of Polk County, LLC

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
✓ L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
✓ Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
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Courier _____

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**ARTICLES OF ORGANIZATION
OF
RS PROPERTIES OF POLK COUNTY, L.L.C.
a Florida Limited Liability Company**

ARTICLE I. Name

The name of the Limited Liability Company is: **RS PROPERTIES OF POLK COUNTY, L.L.C.**

ARTICLE II. Mailing Address

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

**Post Office Box 1648
Eaton Park, FL 33840-1648**

ARTICLE III. Street Address

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

**4410 Maine Avenue
Lakeland, FL 33801**

ARTICLE IV.

Registered Agent, Registered Office, & Registered Agent's Signature

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

**Robert Springer
4410 Maine Avenue
Lakeland, FL 33801**

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, F.S.



Robert Springer
Registered Agent's Signature

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ARTICLE V. Management

The Limited Liability Company is to be managed by managers and is, therefore, a managers-managed company. The name and mailing address of each such person who is to serve as manager is:

Robert Springer
Post Office Box 1648
Eaton Park, FL 33840-1648

Dated: February 6, 2006

By: _____


Robert Springer
Managing Member