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SECRETARY OF STATE FALLAHASSEE FLORIDA



COVER LETTER

	ation Section n of Corporations		
SUBJECT:	RPH Property	Management d Liability Company)	
The enclosed Art	ticles of Organization and fee(s) are s	ubmitted for filing.	
Please return all	correspondence concerning this matte	er to the following:	
	Richard P Ho	alle 11	
	,	Name of Person)	
	2PH Property	Management (Firm/Company)	
		(Firm/Company)	
	Po Box 29	18 PALM BEACH FI	33480
		(Address)	
	(City	/State and Zip Code)	
Eas Carles in Com		11.	
_	mation concerning this matter, please		
Richa	ard Hallett	at (561) 379 733 4 (Area Code & Daytime Telephone Number)	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a cl	heck for the following amount:		
□ \$125.00 Filin	g Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 F Certified Copy (additional copy is enclosed) Certificate of Certified Co (additional copy	Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	OF AUG 14 AF SECRETARY OF

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
RPH Property Management LLC			
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or	"L.C.,")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabi	lity Con	ıpany	is:
Principal Office Address: Mailing Address:			
8443 Zanzibar Ln Po Box 2918 Wellington, Fl Parm Beach F. 33414	334	80	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Si (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:		•	
Richard P Hallett Name			
8443 Zanzibar Cn			
Florida street address (P.O. Box NOT acceptable)			
Wellington FL 33414 City, State, and Zip			
Having been named as registered agent and to accept service of process for the about liability company at the place designated in this certificate, I hereby accept the accepts tered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am faccept the obligations of my position as registered agent as provided for in Chap	ppointm provisi miliar w	ent as ons of vith an	all
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Registered Agent's Signature (REQUIRED)	ECR ECR	6 <u>₹</u>	
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Page 1 of 2	F. S.	₩ 8	guarang Guarang
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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managi	ng Member	Name and Address:	
MGRM		Richard Hallett 8443 Zanzibar Wellington Fl	<u>L</u> 33414
M6R		Jonashan Morris 429 Australian A PALM BEACH, FI	JE AP+ 11 33480
(Use attachment if n ARTICLE V: Effective date (If an effective date is listed to or 90 days after the date	e, if other than the da , the date must be s	ate of filing:	(OPTIONAL) business days prior
<u>REQUIRED</u> SIGN	ATURE:	les pales	~
Si	gnature of a member of	or an authorized representative of a memb	 er.
(lı of	n accordance with section	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perju	
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