LOW 5809

(Re	equestor's Name)	
· (Ad	ldress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Residential Building Solutions, LLC (Name of Limited Liability Company)
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
_	Stephen Philip Matusevic (Name of Person)
-	Residential Building Solutions, LLC (Firm/Company)
_	(Firm/Compday) 163 Osprey Lakes Cr. 97 (Address)
_	Chuluota FC 32766 = 5
	(City/state and Zip Code)
For furt	her information concerning this matter, please call:
S	ephen Philip Matusevic at (321) 239 8536 (Name of Person) (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:
\$125.	00 Filing Fee \$\sum_{\text{Certificate of Status}} \square \sum_{\text{s155.00 Filing Fee}} \& \sum_{\text{s155.00 Filing Fee}} \& \sum_{\text{certified Copy}} \\ \text{(additional copy is enclosed)} \square \sum_{\text{s160.00 Filing Fee}} \& \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{additional copy is enclosed}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Parlant	077.	C 1 Lh- c	1.1.0	
Residential				
(Must end with the words "Limite	ed Liability Company?	"Limited Company" or their i	ibbreviation "LLC," or "l	C.,")
ARTICLE II - Address:				
The mailing address and	street address of	the principal office of	the Limited Liabilit	ty Company is:

Principal Office Address:	Mailing Address:
163 Osprey Lakes Cr	SAME
Chulinota, PC	
32766	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stephen Philip Matusevic.	DIVIS 2006 (
Name	108.
Florida street address (P.O. Box NOT acceptable)	30
Florida street address (P.O. Box <u>NOT</u> acceptable)	
City, State, and Zip	\$11ATE #ATE 9: 1.
	 ₹

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2



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

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

"MGRM" = Managing Member	Stephen Philip Matuses 163 Osprey Lakes Cr Chalusta Fr 32766
	2006 OCT
(Use attachment if necessary)	OF CORFERN

REQUIRED SIGNATURE:

Signature of a member or 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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)