## L0700005891

(Req	uestor's Name)	)
(Add	ress)	
(Addi	ress)	
(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
		Annual Control of the
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Office Use Only



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## **COVER LETTER**

TO:		ration S on of Co	ection orporatio	ns		
SUBJE	ЕСТ: _	R	<u>42,</u>		SEWICES , Led Liability Company)	رر
The end	closed A	rticles o	f Organi	zation and fee(s) are s	submitted for filing.	
Please	return al	l corresp	ondence	concerning this matt	er to the following:	
		(	LEN		(Name of Person)	·
		3	SA	GORAIVA	Sewices (C	بد
-		- 14 =	270	Hickory	(Address)	2112
For furt	ther info	rmation	concern	(City	/State and Zip Code) call:	
	EN		of Perso		at (239) 461	elephone Number)
I			□ \$1	Ilowing amount: 30.00 Filing Fee & ficate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			Regis Divis P.O. 1	ng Address tration Section ion of Corporations Box 6327 hassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

RSA Aviano Sunces, UC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
14270 Hickory Lines C. 4.	2112 14270 wichon Cins
TOM MY CLO, FL 33912	TONTMY CO, FC 33912
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
LEN DUR	ROO
Name	· · · · · · · · · · · · · · · · · · ·
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
City, State, a	FL 33912 nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	eccept service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.
Leonard 7-1	D. neula
Registered Agent's Signati	ire (REQUIRED)  SECTION  ALLAMA
(CONTINI	NED) SSEE 1 16
Page 1 of 2	- 19 m

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Man	· · · · · · · · · · · · · · · · · · ·
"MGRM" = Managing Men	10er
MGR	LEN DENARDO
<del></del>	TO PHICKON LANCE CT
•	TON MY 10, FL 33912
<del></del>	
	<del> , , , , , , , , , , , , , , , , , ,</del>
(Use attachment if necessary	vì
•	
	r than the date of filing: 311107 (OPTIONAL
	te must be specific and cannot be more than five business days
days after the date of filing	•)
<u>REQUIRED</u> SIGNATURI	፤:

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

## 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)

that the facts stated herein are true.)

LCONALD F. DENARDO

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee