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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	RD limited	LLC	
		ed Liability Company)	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
M	atthew Ry	on Dye	
	/	(Name of Person)	
·			
	,	(Firm/Company)	
280	O Vann Cil	_	
		(Address)	
Talla	Nam Cir hassee FL	y/State and Zip Code)	
· · · · · · · · · · · · · · · · · · ·	(Cit	y/State and Zip Code)	
For further information	concerning this matter, please	call:	
·	concorning and matter, piease	Carr.	÷
		at ()_ (Area Code & Daytime Tele	
(Name	of Person)	(Area Code & Daytime Tele	ohone Number)
Enclosed is a check for	or the following amount:	•	
125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$153.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	Certificate of 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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Comp	pany is:
M R D w/m/t	ited Liability Company, "L.L.C.," or "LLC.")
(ast ena vinit ale words Elini	inco Blashing Company, E.B.C., the EBC.)
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
The maning address and street address (is the principal office of the Elimited Elability Company is.
Principal Office Address:	Mailing Address:
2606 Vann Cir tallaborer Fl. 32312	SAME_
	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Matthew	Day IEE
	Name AUG 28
2606 Vann	
	street address (F.O. Dox MOT acceptable)
Tallahossee	© FL 327/2 PE 22 29 19 19 19 19 19 19 19 19 19 19 19 19 19
	>
	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as

Registered Agent's Signature (REQUIRED)

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..

(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 Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: ____ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.)

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)