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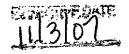
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(Re	equestor's Name)	7
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
TALLAHASSEF ET COME.



COVER LETTER

Division of Corporations
SUBJECT: RMT Holdings, LLC
(Name of Limited Lidbility Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark Reiser
(Name of Person)
ages.
(Firm/Company)
3262 Regal Crost Drive
(Address)
Locality Florida 32779
(City/State and Zip Code)
For further information concerning this matter, please call:
Mark Reiser = 321, 303 6591
(Name of Person) (Area Code & Daytime Telephone Number)
Part and in a strail County Callegains, agreement
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
32102 Regal Crost-Drive 32102 Regal Crost-Drive Longwood, FL 32779 Longwood, FL 32779
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: Mark Pelser Name Fig. 3 Fig. 3
3262 Regal Crest Drive Florida street address (P.O. Box NOT acceptable)
Long wood FL 3279 City, State, and Zip
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 segistered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

	Manager(s) or Managing Member(s): dress of each Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manag "MGRM" = Ma	
Mgc	Mark Robset 3262 Pegal Crest Prive Lungwoods F1 32779
Mgm	Trudy Reizer 32102 Regal Crost Drive Longwood FL 32779
-	
	late, if other than the date of filing:
<u>REQUIRED</u> SI	
	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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)