

L080000041943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

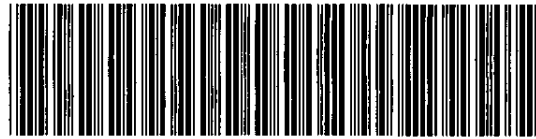
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**  
APR 28 2008  
**EXAMINER**

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04/25/08--01014--024 \*\*750.00

2008 APR 25 P 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**



**THE KAISER LAW FIRM, P.C.**

April 21, 2008

**ATTORNEYS**

**Phillip A. Kaiser**  
phil@kaisertlawfirm.com

**Andrew D. Kaiser**  
andy@kaisertlawfirm.com

**CLIENT SERVICES**

**Patricia A. Haguewood**  
Director  
patty@kaisertlawfirm.com

**Jennifer K. Belt**  
Coordinator  
jenny@kaisertlawfirm.com

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: RCK A805, LLC; RCK B907, LLC; RCK BEACHWALK, LLC;  
RCK CAPE SAN BLAS, LLC; RCK J120, LLC; RCK LOT 5D, LLC**

Dear Secretary of State:

Enclosed please find the Articles of Organization for the above mentioned limited liability companies which need to be filed.

Also enclosed is a check in the amount of \$750.00 for filing fees.

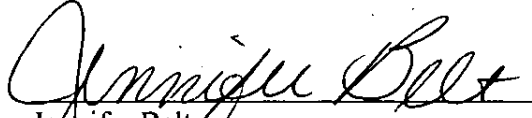
If there are any questions, please feel free to give us a call.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sincerely,

**THE KAISER LAW FIRM, P.C.**

By:

  
Jennifer Belt  
Coordinator of Client Services

12231 Manchester

First Floor

St. Louis, MO 63131

(314) 966-7766

(314) 966-7744 (fax)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RCK A805, LLC**  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Andrew D. Kaiser**  
\_\_\_\_\_  
(Name of Person)

**The Kaiser Law Firm, P.C.**  
\_\_\_\_\_  
(Firm/Company)

**12231 Manchester Road, 1st Floor**  
\_\_\_\_\_  
(Address)

**St. Louis, MO 63131**  
\_\_\_\_\_  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

**Andrew D. Kaiser** at ( **314** ) **966-7766**  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate 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)

**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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RCK A805, LLC

(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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2051 Gramercy Circle  
Atlanta, GA 30341

**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:

CT Corporation System  
Name


1200 South Pine Island Road  
Florida street address (P.O. Box **NOT** acceptable)

Plantation, FL 33324  
City, State, and Zip

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*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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Rohit M. Desai  
2051 Gramercy Circle  
Atlanta, GA 30341

MGR

Galina R. Desai  
2051 Gramercy Circle  
Atlanta, GA 30341

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE FLORIDA

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(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.)

**Andrew D. Kaiser, Authorized Rep.**

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)