## L0800081394

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
P!CK-U	IP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

SEP 112008

**EXAMINER** 

Office Use Only



200135414852

09/11/08--01006--007 \*\*160.00

DEPARTICAL OF STATE
IVISION OF CURPORATION
TALLAHASSEE, FLORIDA

RECEIVED

FILED

08 SEP 11 ANII:

## **COVER LETTER**

Division of Corp			
SUBJECT: RL&K	Group LLC		
30 <b>00</b> 000	(Name of Limite	d Liability Company)	
The enclosed Articles of O	organization and fee(s) are s	submitted for filing.	
Please return all correspon	dence concerning this matte	er to the following:	
Lisa Novello	)		
	(	(Name of Person)	
RL&K, LLC	RLIK	Group LLC	
PO Box 218	3	, , , .	
		(Address)	
Lloyd, FL 3	2337		
	(City	//State and Zip Code)	
For further information con	ncerning this matter, please	call:	
Raymond Novel	lo	at ( 850 ) 519-363	7
(Name of	Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for t	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 C Tallahassee, FL 32301	



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lightitus Commons in	
The name of the Limited Liability Company is:	
RL&K Group LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
D 1 1 1000 A 11	NA. OF A A L. C.
Principal Office Address:	Mailing Address:
1400 Clinton Road	PO Box 218
Monticello, FL 32344	Lloyd, FL 32337
The name and the Florida street address of the re	gistered agent are:
Name	
1400 Clinton Road	
	ress (P.O. Box NOT acceptable)
Monticello, FL 32344	FI
Monticello, FL 32344  City, State, ar	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	ccept service of process for the above stated limited its certificate, I hereby accept the appointment as 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.
Registered Agent's Signatu	re (REOURED)
Registered rigent 3 Signatu	D 27

(CONTINUED) Page 1 of 2 SECRETARY OF STATE

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Lisa Novello	
	1400 Clinton Road	_
	Monticello, FL 32344	_
MGRM	Raymond Novello	
	1400 Clinton Road	
	Monticello, FL 32344	_
		_
		_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 11, 2008. (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.)

Lisa Novello

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)

OB SEP I AMII: 10
SECRETARY OF STATE