

W08000098888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

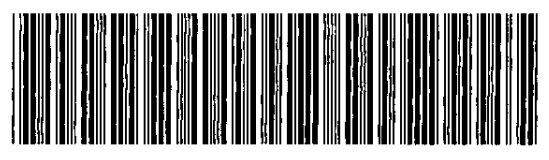
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
**A. LUNT**  
OCT 21 2008  
**EXAMINER**

Office Use Only

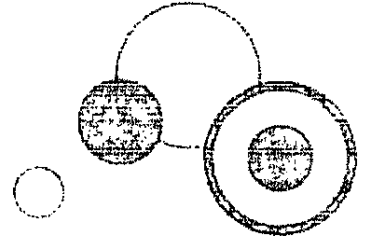


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**



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

To Whom This May Concern,

Please find enclosed the Articles of Organization documents in order to file RNR Public Relations as a limited liability corporation (LLC),

Please feel free to contact me with any questions.

Warmest regards,  
Allison

A handwritten signature in black ink, appearing to read 'Allison Robins', written over a horizontal line.

Allison Robins, Partner  
**RNR Public Relations**  
1400 Salzedo Street, TH-1  
Coral Gables, FL 33134

Phone: (305) 519-4849  
E-mail: [Allison@rnrpublicrelations.com](mailto:Allison@rnrpublicrelations.com)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RNR Public Relations, 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:

Allison Robins  
(Name of Person)

RNR Public Relations, LLC  
(Firm/Company)

1400 Salzedo Street., TH-1  
(Address)

Coral Gables, FL 33134  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Allison Robins at ( 305 ) 519-4849  
(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:

RNR Public Relations, 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:**

1400 Salzedo Street  
TH-1  
Coral Gables, FL 33134

**Mailing Address:**

1400 Salzedo Street  
TH-1  
Coral Gables, FL 33134

**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:

Allison Robins  
Name

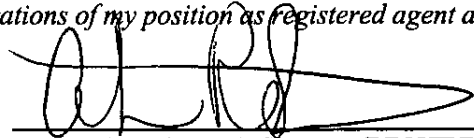
1400 Salzedo Street, TH-1  
Florida street address (P.O. Box NOT acceptable)

Coral Gables, FL 33134  
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:**

MGRM

Elizabeth Newman

1400 Salzedo Street., TH-1

Coral Gables, FL 33134

MGRM

Amanda Rich

1400 Salzedo Street., TH-1

Coral Gables, FL 33134

MGRM

Allison Robins

1400 Salzedo Street, TH-1

Coral Gables, FL 33134

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TALLAHASSEE, FLORIDA

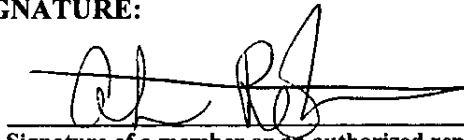
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(Use attachment if necessary)

**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.)

**Allison Robins**

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)**