# 128000105778

(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:

Office Use Only



NOV 13 2008

**EXAMINER** 



200137556062

11/12/08--01016--005 \*\*125.00

OF SILMY 21 AON RO

SECRETARY OF STATE DIVISION OF CORPURATIONS

# **COVER LETTER**

TO:

**Registration Section** 

Division of Corpo	orations			
SUBJECT: RnS Ent	ertainment, LLC			
		ted Liability Com	pany)	
The enclosed Articles of O	rganization and fee(s) are	submitted for fili	ng.	
Please return all correspond	dence concerning this ma	tter to the following	ng:	
David Miller				
		(Name of Person)		
RnS Enterta	inment, LLC			
		(Firm/Company)	-	
6445 S. Chi	ckasaw Trail #2	55		
		(Address)		
Orlando, FL	32829			
	(Ci	ty/State and Zip Co	de)	
For further information con	cerning this matter, pleas	se call:		
David Miller		_ <sub>at (</sub> _727	, 488-63	339
(Name of	Person)	(Area Co	ode & Daytime 7	Celephone Number)
Enclosed is a check for the	he following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified C (additional co		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
j I F	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Registra Divisio Clifton 2661 E:	Courier Addre ation Section n of Corporation Building xecutive Cente	ons r Circle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	IC	L	ΕJ	[ <b>-</b>	N	am	e.
---	---	---	----	---	----	------------	---	----	----

The name of the Limited Liability Company is:

# RnS Entertainment, 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:				
RnS Entertainment, LLC	RnS Entertainment, LLC				
6445 S. Chickasaw Trail #255	6445 S. Chickasaw Trail #255				
Orlando, FL 32829	Orlando, FL 32829				
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)  The name and the Florida street address of the server and the Florida street address of the server active Florida street active Flori	Registered Agent. You must designate an individual o	or another			
David Miller		NOV			
Na	ame	~ 7			
6445 S. Chickasa	w Trail #255	3			
Florida street	t address (P.O. Box <u>NOT</u> acceptable)				
Orlando, FL 32829	9 <sub>FL</sub>	04			
City Sto	ate, 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 registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

## 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	er
MGRM	David Miller
	6445 S. Chickasaw Trail #255
	Orlando, FL 32829
(Use attachment if necessary)	
	han the date of filing: 11/5/08 . (OPTION
fective date is listed, the date in days after the date of filing.)	must be specific and cannot be more than five business da
REQUIRED SIGNATURE:	
L.	
Signature of a	member or an authorized representative of a member.
(In accordance	with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

**David Miller** 

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee