# L08000111163

(Req	uestor's Name)				
(Addi	ress)				
(Addi					
(Addi	(622)				
(City/	State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
/Pusi	nosa Entity No.				
(busi	ness Entity Nar	ne)			
(Doci	ument Number)	r .			
Certified Copies	Certificates	s of Status			
Special Instructions to Fi	ling Officer:	İ			
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Office Use Only



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SECKETARY OF STATE

C. LEWIS

12-4-08

EXAMINER

## **COVER LETTER**

TO:	Registration Division of C		
CHDIE	CT.	RS Imports	
SUBJE		(Name of Limited L	iability Company)
The en	closed Articles	of Organization and fee(s) are subn	nitted for filing.
Please	return all corres	pondence concerning this matter to	the following:
		GRACI	e Noble ne of Person)
		(Nan	ne of Person)
		RS I	MPORTS LLC
		(Fire	n/Company)
		136 TON	ey Penna Drive
		(	Address)
		Jupiter	te and Zip Code)
		(City/Sta	ite and Zip Code)
For fur	ther information	concerning this matter, please cal	l:
	GRACE	Noble at	( <u>561</u> ) <u>371-0290</u> (Area Code & Daytime Telephone Number)
	(Nam	e of Person)	(Area Code & Daytime Telephone Number)
Enclos	sed is a check t	for the following amount:	
□\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2008

GRACE NOBLE 136 TONEY PENNA DR. JUPITER, FL 33458

SUBJECT: R S IMPORTS LLC Ref. Number: W08000052352

We have received your document for R\*S IMPORTS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P95000034957.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration Section

Letter Number: 808A00057627

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
R5 Imparts So So (Must end with the words "Limited Liabili	<u></u>
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
136 Toncy Penna Drive Jupiter, FI 33458	Jupiter, 7 33458
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the recognition of the Recognition Name  136 Tone  Florida street add  Jupiter  City State a	Noble  Representation of the state of the st

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 Manag		FIL	ED
The name and address of each Manager	or Managing Member is as follows	:: 2009 DEC -3	AH 11: 29
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY TALLAHASSE	GF STATE
Manager	Grace Nob 136 Toney Pur Jupiter, 76 3	le 112 dece 13458	no e
Managing Mercler	Nonieûle Mob 136 Joney Pa Jupiter, GE 3.	le 3458	と
(Use attachment if necessary)			
CLE V: Effective date, if other than the date effective date is listed, the date must be self-bullet of filing.)	ate of filing:	(OPTION ve business da	AL)  nys prior
REQUIRED SIGNATURE:	ace Table		
Signature of a member of	or an authorized representative of a me	nber.	
	on 608.408(3), Florida Statutes, the execut tes an affirmation under the penalties of pe ein are true.)		
Typed	DACE Noble dor printed name of signee	<del></del>	
Filing Fees:			
\$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional)	zation and Designation		