

L090000014906

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000034417 3)))



H090000344173ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

FILED  
09 FEB 13 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## R.S. GRAVES PROPERTIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
09 FEB 13 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**R.S. Graves Properties, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**2126 NW Fork Road  
Stuart, Florida 34994**

**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**Rodney S. Graves**  
Name

**2126 NW Fork Road**  
Florida street address (P.O. Box not acceptable)

**Stuart, Florida 34994**  
City, State 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

**Frank A. Ferraro, CPA, PA  
3601 SE Ocean Boulevard, Ste. 005  
Stuart, Florida 34996  
772-283-5001**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 FEB 13 AM 8:09

**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

Rodney S. Graves  
2126 NW Fork Road  
Stuart, Florida 34994

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 the document constitutes an affirmation under penalties of perjury that the facts stated herein are true)*

Rodney S. Graves  
\_\_\_\_\_  
Typed or printed name of signer

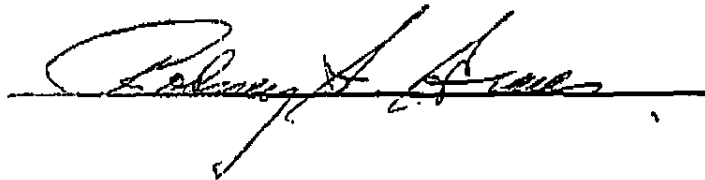
Frank A. Ferraro, CPA, PA  
3601 SE Ocean Boulevard, Suite 005  
Stuart, Florida 34996  
772-283-5001

ARTICLE IV - MANAGEMENT (Check if applicable)

X

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)



(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)

Rodney S. Graves

Typed or printed name of signee

FILED  
09 FEB 13 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Frank A. Ferraro, CPA, PA  
3601 SE Ocean Boulevard, Ste. 005  
Stuart, Florida 34996  
772-283-5001