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| | • | • |
|---------------------------|------------------|-------------|
| (Req | uestor's Name) | |
| (Add | Iress) | |
| (Add | lress) | |
| (City | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



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9 MAR 26 AM II: 49
SECRETARY OF STATE

J. BRYAN

MAR 27:2009

EXAMINER

COVER LETTER

| TO: Registration Division of | n Section Corporations | | |
|------------------------------|---|--|--|
| SUBJECT: RDB | Promotions, LLC | | e\$ |
| | (Name of Limite | ed Liability Company) | |
| The enclosed Articles | s of Organization and fee(s) are s | submitted for filing. | · |
| Please return all corre | espondence concerning this matt | er to the following: | |
| William L | _aRose | | O9 MAR 26 AM II: 49 SECRETARY OF STATE TARKET FLORID |
| | | (Name of Person) | 最多「 |
| | | | SSE |
| | | (Firm/Company) | 75 |
| 1107 Ke | y Plaza PMB 177 | | 97 5 |
| ······ | | (Address) | 7 |
| Key Wes | st FL, 33040 | | |
| | (Cit | y/State and Zip Code) | |
| For further information | on concerning this matter, please | e call: | |
| Jacqueline N | lobili | at (305) 295-8219 | |
| | ume of Person) | (Area Code & Daytime Telephone Number | er) |
| Enclosed is a check | for the following amount: | | |
| \$125.00 Filing Fe | e \$130.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certified | of Status & |
| | 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

| A DELCY SI A SI | De St. | |
|--|--|--------------------|
| ARTICLE I - Name: | | 事 |
| The name of the Limited Liability Com | pany is: | 26 |
| RDB Promotions, LLC | 55.75 67.75 | PANY TIES NE SIGNE |
| | ited Liability Company, "L.L.C.," or "LLC.") | (C) == |
| (Must end with the words Lim | ned Elabitity Company, E.E.C., or EEC. | 支艺 |
| ARTICLE II - Address: | 3 | Sm . |
| The mailing address and street address of | of the principal office of the Limited Liability Com | pany is: |
| Principal Office Address: | Mailing Address: | |
| 610 Duval Street | 1107 Key Plaza PMB 177 | |
| Key West FL 33040 | Key West FL 33040 | |
| | gistered Office, & Registered Agent's Signature: | |
| | own Registered Agent. You must designate an individual or another | |
| (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address | own Registered Agent. You must designate an individual or another of the registered agent are: | |
| (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) | own Registered Agent. You must designate an individual or another of the registered agent are: | |
| (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address | own Registered Agent. You must designate an individual or another of the registered agent are: Name | |
| (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address William LaRose 610 Duval Street | own Registered Agent. You must designate an individual or another of the registered agent are: Name | |
| (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address William LaRose 610 Duval Street | own Registered Agent. You must designate an individual or another of the registered agent are: Name et street address (P.O. Box NOT acceptable) | |
| (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address William LaRose 610 Duval Street Florida Key West FL 3 | own Registered Agent. You must designate an individual or another of the registered agent are: Name et street address (P.O. Box NOT acceptable) | |

(CONTINUED) Page 1 of 2

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:

| MGR | William LaRose | 09 MAR 20 |
|---|--------------------------|---------------|
| | 1107 Key Plaza PMB 177 | <u>ر</u> ح |
| | Key West FL 33040 | ₹ - |
| MGR | R. D. McGregor | Y OF STAN |
| | 19 Ennismore Drive | 0 |
| | Middlesboro, KY 40965 | |
| | | |
| (Use attachment if necessary) | | |
| (ese attachment if necessary) | | |
| LE V: Effective date, if other than the | e date of filing: (OPTIO | NAI |

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.)

William LaRose

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)