## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From: Paul Quinn (please fax confirmation to 407-244-5690)

Account Name : GRAYROBINSON, P.A. ~ ORLANDO Account Number: I20010000078

Phone : (407)843~8880 Fax Number : (407)244-5690

FLORIDA/FOREIGN LIMITED LIABILITY COT

RD Winter Garden, LLC

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

#### ARTICLE I Name

The name of this Limited Liability Company is:

RD Winter Garden, LLC

#### ARTICLE II Address

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

7380 Sand Lake Road, Suite 135 Orlando, Florida 32819

### **ARTICLE III** Management

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

#### ARTICLE IV **Initial Board of Managers**

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Regulations of this Limited Liability Company, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company is as follows:

Name

Street Address

Christopher Colasanti

7380 Sand Lake Road, Suite 135 Orlando, Florida 32819

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# ARTICLE V Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Anthony Colasanti 7380 Sand Lake Road, Suite 135 Orlando, Florida 32819

Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I am familiar with and accept the obligations of my position as the registered agent for this Limited Liability Company, as provided for in Chapter 608, Florida Statutes.

REVISTERED AGENT'S SIGNATURE

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In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

AUTHORIZED REPRESENTATIVE'S SIGNATURE

<u>Christopher Colasanti, AUTHORIZED REPRESENTATIVE</u>
Type or printed name of signee

FILING FEES:
\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)

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SECRETARY OF STATE
TALLAHASSEE

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