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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHAPIRO & ADAMS, P.A.

Account Number: I19990000101 Phone : (561)691-0059

Fax Number : (561)691-0066

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## R&R Holdings, LLC

Certificate of Status	Ü
Certified Copy	0
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Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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G. MCLEOD

MAY 12 2009

**EXAMINER** 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	RS2 Hold	ings, LLC	
<u> </u>	·	d Liability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II The mailing a		the principal office of the Limited Liabi	lity Company is:
Principal Office Address:		Mailing Address:	
2401 PGA Blvd., Suite 272 Palm Beach Gardens, FL 33410		2401 PGA Blvd., Suite 272 Palm Beach Gardens, FL 33410	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the Robert Lee Shapiro  Name 2401 PGA Blvd., SL		Registered Agent, You must designate an individual the registered agent are:	gnature: Or another OP MAY 1
		Name	
		4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	AH IO:
		et address (P.O. Box NOT acceptable)	# 25
	Palm Beach Gard	ens, <sub>FL</sub> 33410	ហ៍ 🚃🕖
	City, S	tate, and Zip	. >>
liability con registered age statutes relat	npany at the place designated nt and agree to act in this cap ing to the p <u>roper and compl</u> e	d to accept service of process for the abo d in this certificate, I hereby accept the ap vacity. I further agree to comply with the to performance of my duties, and I am far registered agent as provided for in Chap	ppointment as provisions of all miliar with and

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Robert Lee Shapiro
	2401 PGA Blvd., Suite 272
	Palm Beach Gardens, FL 33410
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
TION ORTHON DATE:	

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.)

Robert Lee Shapiro
Typed or printed name of signee

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)

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