

L09000054725

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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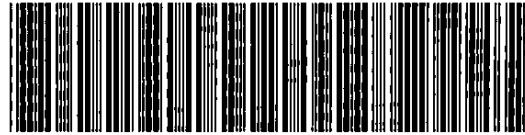
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300156045203

Effective Date 06/01/09

05/26/09--01033--019 **125.00

FILED
09 JUN -4 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W09-24815
MAY 27 2009

J. BRYAN

JUN - 5 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RS ReSource LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robin R. Samdperil
Name of Person

RS ReSource LLC.
Firm/Company

P O Box 48724
Address

St. Petersburg, FL 33743-8724
City/State and Zip Code

robin@rsresource.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin R. Samdperil
Name of Person

at (678)

462-7269

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2009

ROBIN R. SAMDPERIL
RS RESOURCE LLC
PO BOX 48724
ST. PETERSBURG, FL 33743-8724

SUBJECT: RS RESOURCE LLC
Ref. Number: W09000024815

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for RS RESOURCE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 26, 2009. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 409A00017801

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RS ReSource LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

18325 Gulf Blvd #207
Redington Shores, FL
33708

Mailing Address:

PO Box 48724
St. Petersburg, FL
33743-8724

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Effective Date 06/01/09

Robin R Samdperil
Name

18325 Gulf Blvd, Ste 207
Florida street address (P.O. Box **NOT** acceptable)
Redington Shores, FL 33708
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..

RR Samdperil
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

Robin R. Samdperil
P.O. Box 48724
St. Petersburg, FL 33743-8724

MGRM

Stephen A. Samdperil
P.O. Box 48724
St. Petersburg, FL 33743-8724

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/1/09 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

RR Samdperil

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.)

Robin R. Samdperil

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)