/Po	equestor's Name)	
(Re	equestors Name)	,
(Ād	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	. #\
(Cit	y/State/Zip/Pitorie	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
· (Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

М. ТНФМАЅ SEP 1 4 2009

EXAMINER

119-88366

COVER LETTER

TO: Registration Division of	e Section Corporations			
SUBJECT:	RSI	R Strategie LLC		
		ted Liability Company		
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
······	F	Ryder S. Rudd		
		Name of Person		
		Firm/Company		 -
	1520	Sweet Plum Circle		
		Address		
		assee, Florida 32312	7:5 o	
		ty/State and Zip Code rudd@comcast.net	9 SEI	·
	E-mail address: (to be used	for future annual report notifica	ation)	P
For further information	n concerning this matter, pleas	e call:	ATT	
	der S. Rudd	at (850)	294-3767 CS ne Telephone Number R	- \ -
	. 0.1.0.00.	The court of Day at	Dr.	
_	for the following amount:	_/		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	Certificate of Status &	\$
		(additional copy is enclos	sed) Certified Copy (additional copy is enclos	ed)
	Mailing Address Degistration Section	Street/Courier Ac		
	Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corpor Clifton Building		
	Tallahassee, FL 32314	2661 Executive C Tallahassee, FL 3		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lir	e: nited Liability Company	is:	
RS	SR STRATEG	IES, LLC	
(Mus	at end with the words "Limited L	iability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		e principal office of the Limited Liabilit	ty Company is:
Principal Office A	ddress:	Mailing Address:	
1520 Sweet Plum Tallahassee. Flori		1520 Sweet Plum Circle Tallahassee, Florida 32312	<u> </u>
(The Limited Liability Cor business entity with an ac		ered Office, & Registered Agent's Signatered Agent. You must designate an individual of the registered agent are:	
	Rvdei	r S. Rudd	
•		ame	· ·
	1520 Swe	et Plum Circle	99 S
•		P.O. Box NOT acceptable)	
	Tallahassee, FL 323	·	
•			Annae C
		te, and Zip	といる。

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u> </u>	er	Name and Address:	
'MGRM" = Mana			
MGRm		Ryder S. Rudd	
		1520 Sweet Plum Circle	
		Tallahassee, Florida 32312	
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		Qr.	
Use attachment i	f necessary)	•	
E V: Effective d	ate, if other than the	date of filing: (OPT	ION
ective date is list	ed, the date must be	specific and cannot be more than five busines	ss da
	te of filing.)		
	··· or minign		
days after the da	•		
lays after the da	•		
lays after the da	NATURE:	or an authorized representative of a member.	
lays after the da	Signature of a member	ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury	
lays after the da	Signature of a member (In accordance with sect of this document constituted that the facts stated here	ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury in are true.) Ryder S. Rudd	
days after the da	Signature of a member (In accordance with sect of this document constituted that the facts stated here	ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury in are true.)	

of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)