980500001

(Re	equestor's Name)			
· (Ac	ddress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

G. MCLEODY MAR 2 1 2010 EXAMINER



500172419075

03/22/10--01003--006 **125.00

TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE
DIVISION OF CORPORATION

FILED
10 MAR 22 M 9: 37
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: R.C. 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:
Richard Chambles
Name of Person
Firm/Company
KID O R BI
147 Deer Run Ct. Address
Address
Haugna Fla, 32333
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 210-5151 Area Code & Daytime Telephone Number
Name of reison Area Code & Daytime reseptione (Validoci
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{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 Division of Corporations Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
R.C. Mason LLC (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
147 Deer Ann Ct Haveng Fla 32333	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re- Rebard Chair Name	egistered agent are: AHASSE AHASSE
149 Deer Ann Florida street addit Hangng	ress (P.O. Box NOT acceptable) FL 32333
City, Sta	te, and Zip ccept service of process for the above stated limited

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title:		Name and Address:
"MGR" = Manage		
"MGRM" = Mana	ging Member	
MErm		hillian Christian
	_	147 Deer Ann Ct
		Hama Fla 32333
	:	
	_	
	_	
	_	
	•	
(Use attachment if	necessary)	
		•
LE V: Effective da	te, if other than the dat	
LE V: Effective da	d, the date must be sp	te of filing: (OPTIONAL) pecific and cannot be more than five business days
LE V: Effective da	d, the date must be sp	
LE V: Effective da	d, the date must be sp	
LE V: Effective da	d, the date must be specifications.)	
LE V: Effective da ffective date is liste days after the date	d, the date must be specifications.)	
LE V: Effective da ffective date is liste days after the date	d, the date must be specifications.)	
LE V: Effective da ffective date is liste days after the date REQUIRED SIGN	d, the date must be specification.) NATURE:	oecific and cannot be more than five business days
LE V: Effective da ffective date is liste days after the date REQUIRED SIGN	d, the date must be special of filing.) NATURE: Manual Carrier of a member of	necific and cannot be more than five business days
LE V: Effective da ffective date is liste days after the date REQUIRED SIGN	d, the date must be special of filing.) NATURE: Machine Control Cont	nanauthorized representative of a member.
LE V: Effective da ffective date is liste days after the date REQUIRED SIGN	d, the date must be special of filing.) NATURE: In accordance with section of this document constitute that the facts stated herein	r an authorized representative of a member. 1608.408(3), Florida Statutes, the execution es an affirmation under the penalties of periury
LE V: Effective da ffective date is liste days after the date REQUIRED SIGN	nATURE: In accordance with section of this document constitute that the facts stated herein	r an authorized representative of a member. 1608.408(3), Florida Statutes, the execution es an affirmation under the penalties of periury

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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