

L10000039540

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(Business Entity Name)

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Special Instructions to Filing Officer:

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04/05/10--01027--019 \*\*160.00

FILED  
10 APR 12 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
APR 13 2010  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2010

ROBERTA J. PICKENS  
5213 SE INKWOOD WAY  
HOBE SOUND, FL 33455

SUBJECT: RJ VINCH, LLC  
Ref. Number: W10000016838

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TALLAHASSEE, FLORIDA

We have received your document for RJ VINCH, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 April 5, 2010. 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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 910A00008380

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:**                     R.J. ~~ROBERTA~~ VINCH, 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:

Roberta J Pickens

Name of Person

RJ

~~Roberta~~ Vinch, LLC

Firm Company

5213 SE Inkwood Way

Address

Hobe Sound, FL 33455

City State and Zip Code

rjpickens@aol.com

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

For further information concerning this matter, please call:

Roberta J. Pickens

Name of Person

at (

561)

951-9339

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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RT  
ROBERTA VINCH, 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:**

**Mailing Address:**

9413 SE Federal Highway  
Hobe Sound, FL 33455

5213 SE Inkwood Way  
Hobe Sound, FL 33455

**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:

Warm Weather Homes, LLC

Name

5213 SE Inkwood Way

Florida street address (P.O. Box **NOT** acceptable)

Hobe Sound, FL 33455

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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..*

Roberta Vinch, Managing Member  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

Roberta Pickens

5213 SE Inkwood Way

Hobe Sound, FL 33455

~~HERE~~ MEMBER

PHIL VINCH, JR.

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 4/7/10 ~~3/22/10~~ (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:**

Roberta J. Pickens  
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.)

Roberta J. Pickens

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)

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TALLAHASSEE, FLORIDA