

L10000056169

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(Business Entity Name)

(Document Number)

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300179960983

Effective Date 05/24/10

300179960983  
05/18/10 - 01012 - 007 \*\*125.00

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10 MAY 24 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WI-24430

J. BRYAN

MAY 25 2010

EXAMINER

Date: 5/13/2010

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Enclosed please find my check for the filing fees for Articles of Organization and Designation of Registered Agent.

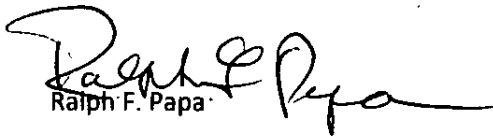
My Address is as follows:

1372 Sunningdale Lane

Ormond, FL 32174

My phone numbers are: 386-673-2135, Cell Phone 386-589-5510

If you need any further information, please call me.

  
Ralph F. Papa

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAY 24 PM 3:33

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2010

RALPH F. PAPA  
1372 SUNNINDALE LANE  
ORMOND, FL 32174

SUBJECT: RFP ASSOCIATES L.L.C.  
Ref. Number: W10000024430

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10 MAY 24 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #A96000000312, RFP ASSOCIATES, LTD..

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: 710A00012666

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RFP ASSOCIATES L.L.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:

Ralph F. Papa  
Name of Person

Firm/Company

1372 SUNNINGDALE LANE  
Address

ORMOND, FL. 32174  
City/State and Zip Code

RANDI PAPA @ AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ralph F. Papa at (386) 673-2135  
Name of Person Area Code & Daytime Telephone Number  
CELL. 386-589-5510

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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TALLAHASSEE, FLORIDA

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PAGE 2 of 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is: \_\_\_\_\_

**Transcom Associates L.L.C.**

(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:**1372 SUNNINGDALE LN  
ORMOND, FL 321741372 SUNNINGDALE LANE  
ORMOND, FL 32174**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.)

Effective Date 05/24/10

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

Ralph E. Papa  
Name1372 SUNNINGDALE LANE  
Florida street address (P.O. Box NOT acceptable)  
ORMOND, FL 32174  
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.*

Ralph E. Papa  
Registered Agent's Signature (REQUIRED)

(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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRRalph F Papa  
1372 SUNNINGDALE LANE  
ORLANDO, FL 32174FILED  
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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5/24/10 (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:**  
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.)

Ralph F. Papa  
Typed or printed name of signer**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)