

## L10000090196

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP MAIL MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Special instructions to Filing Officer.						
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N. Culligan AUG 27 2010

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## **COVER LETTER**

	ation Section 1 of Corporations	
SUBJECT.	RDF TOUS	
SUBJECT:	RDF Toys Name of Lin	ited Liability Company
The enclosed Art	icles of Organization and fee(s) as	e submitted for filing.
Please return all c	correspondence concerning this m	atter to the following:
_ Ross	sie Devon Foushe	Name of Person
	) <del>-</del> _	
		Firm/Company
58	76 Nightingale	100p # 1
	-	Additas
Talla	hassep Fl	323// City/State and Zip Code  20 - Co  I for future annual report notification)
<del></del>	6 6 -	ity/State and Zip Code
	F-mail address: (to be use	O · COM
	nation concerning this matter, plea	
		•
	Name of Person	at ()
	Traine of Forson	·
Enclosed is a ch	eck for the following amount:	
□\$125.00 Filing	Fee \$\infty\$\$130.00 Filing Fee & Certificate of Status	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



ARTICLE I - Name:

The name of the Limited Liability Company is:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RDF Toys "LIC."  (Must end with the words "Limited Liability)	
(Must end with the words "Limited Liabilit	y Company, "L.U.C.," or "LUC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5876 Nightingale loop#1  Tallahasse F/ 723/1	5876 Nightingala loop#1
Tallahassee F/ 225/1	Tallahassec F/ 32311
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Rossie Foushe	e ASE
Name	
5876 Nishtinsale	ess (P.O. Box NOT acceptable)
Florida street addr	ess (P.O. Box NOT acceptable)
To lla hasee City, Stat	FL 32311
City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate. I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and sered agent as provided for in Chapter 608, F.S
accept the congunots of my position as regist	Cred agent days or and charges odd, I am
	th-
Registered Agent's Signatu	re (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		Name and Address:			
	"MGRM" = Manag		Rossie Devon Foushee 5876 Nightsingale lay #1 Tallahastor F1 32311		- -	
					- - -	
	<u></u>	-			- - -	
	(Use attachment if r	necessary)				
(If an ef		, the date must be sp	e of filing: <u>08-27-2010</u> ecific and cannot be more than five be			
	REQUIRED SIGN	ATURE:	21 <b>/</b>	AS		
	Si	gnature of a member or	an authorized representative of a member.	(A) ===	0 AUG 2"	TOWNS THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO
	of	n accordance with section this document constitutes at the facts stated herein a	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury are true.)	<b>%</b> =~	7 AM H	
	_	Possove A	or printed name of signee	ORIDA	#: 32	

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)