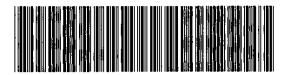
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| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE

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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: RJ Premium Solutions 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: | |
| Rodney Butcher | |
| Name of Person | |
| RJ Premium Solutions LLC | <u> </u> |
| Firm/Company | |
| 7333 Hideaway Trail | |
| Address | |
| New Port Richey, Florida 34655 | |
| City/State and Zip Code | 4. ~ |
| randjbutcher@verizon.net E-mail address: (to be used for future annual report notification) | SE |
| For further information concerning this matter, please call: | 20 MAUG 30 PM 1: 1 SECRETARY OF STATE TALLAHASSEE. FLORID |
| Rodney Butcher at (727)967-3542 | <u>in</u> en → 2 |
| Name of Person Area Code & Daytime Telephone Num | STATE LORID |
| Enclosed is a check for the following amount: | D |
| Certificate of Status Certified Copy Certific (additional copy is enclosed) Certifie | Filing Fee, ate of Status & d Copy al 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|---|
| The name of the Limited Liability Company | y is: |
| RJ Premium Solutions LLC | |
| (Must end with the words "Limited I | Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of th | e principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 7333 Hideaway Trail | 7333 Hideaway Trail |
| New Port Richey, FL | New Port Richey, FL |
| 34655 | 34655 |
| The name and the Florida street address of t Rodney Butcher | SEX SX |
| | ame PS |
| 7333 Hideaway Trail | STATE LORID |
| Florida stree | t address (P.O. Box NOT acceptable) |
| New Port Richey | FL 34655 |
| City | y, State, and Zip |
| liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete | to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S |

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

| • | | |
|--|--|-------------------------------|
| <u>Title:</u> | Name and Address: | |
| "MGR" = Manager | | |
| "MGRM" = Managing Member | | |
| MGR | Rodney Butcher | |
| | 7333 Hideaway Trail | |
| | New Port Richey, FL 34655 | |
| MGRM | Julia Butcher | |
| | 7333 Hideaway Trail | |
| | New Port Richey, FL 34655 | |
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| (Use attachment if necessary) | | FLIS 1 |
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| CLE V: Effective date, if other than the | | _ (OBTIONAL) |
| onecuve date is listed, the date must be days after the date of filing.) | e specific and cannot be more than fiv | e business days pri |
| and the take of filling.) | | |
| REQUIRED SIGNATURE: | | |
| RECORD SIGNATURE. | | |
| | / /// | |
| /// | | |
| Signature of a member | r or an authorized representative of a mem | ber. |
| | · | |
| (in accordance with sec | ction 608.408(3), Florida Statutes, the executio | n |

of this document constitutes an affirmation under the penalties of perjury

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)

Rodney Butcher

that the facts stated herein are true.)