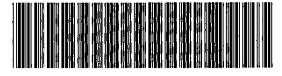
# L10000116532

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	***	

Office Use Only

EFFECTIVE DATE 1 01 10



500187274825

11/08/10--01024--018 \*\*160.00

FILED
10 NOV-8 PM 取 25
SECRETARY OF STATE

D. BRUCE

NOV 9 2010

**EXAMINER** 

# **COVER LETTER**

TO: Registration Division of	n Section Corporations				
<sub>SUBJECT:</sub> R. H	oward Enterprises	, L.L.C.			
	Name of Limite	ed Liability Company			
The enclosed Articles	s of Organization and fee(s) are s	submitted for filing.			
Please return all corre	espondence concerning this matt	er to the following:		,	
Rusty A	Howard, MgrM.	Name of Person			
	•	Name of Person			
R. How	ard Enterprises, L.I	L.C.			
		Firm/Company			
8210 Da	ownfield Lane				
0210 D	DWITTICIA LATIC	Address			
			area.		
Tampa, F				<u></u>	
. 40	·	//State and Zip Code	in in	8- AON O	
rusty49cle	ev@gmail.com  E-mail address: (to be used for	or future annual report notification)	85	늉	-
	·	•	in the		
For further information	on concerning this matter, please	call:	FL	PH PR	
Rusty Howard		at ( 727) 213-7108	S IMTE	2	
Nar	ne of Person	Area Code & Daytime Teleph	none Number		
Enclosed is a check	for the following amount:				
\$125.00 Filing Fee	\$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 enclose		
·	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 Cir Tallahassee, FL 32301	rcle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	ne Limited Liability Company is:
R. Howar	d Enterprises, L.L.C.
	(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Add	<u>iress:</u>	Mailing Address:			
8210 Downfield Lane Tampa, FL 33615		8210 Downfield Lane Tampa, FL 33615			
ARTICLE III - Reg	pany cannot serve a	, Registered Office, & Registered Agent's Satisfies and individual to the control of the control			
The name and the Flo	orida street add	lress of the registered agent are:	LLIAHASSE	10 NOV -	Falses
Rusty A. Howard, MgrM.  Name			/ ****	œ 	2
8	210 Dow	nfield Lane	LL. Lin	空間	
	Flo	orida street address (P.O. Box NOT acceptable)	<b>三</b>	2	
T	ampa	<sub>FL</sub> 33615	<b>&gt;</b>	-	
		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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 110110

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Rusty A. Howard 8210 Downfield Lane Tampa, FL 33615
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date	te of filing: November 1, 2010 . (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	10 NOV -E
Signature of a menture of	ran authorized representative of a member.
(In accordance with section 608.40 constitutes an affirmation under the	8(3), Florida Statutes, the execution of this document be penalties of perjury that the facts stated herein are true. On submitted in a document to the Department of State
Rusty A. Howard	1
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)