110000129000

·
(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:
·

Office Use Only



600188705886

12/16/10--01015--019 **160.00

SEÖRETARY OF STATE TALLAHASSEE, FL**GR**IG

T. CLINE
DEC 17:2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RFRC RENTAL - FORECLOSURE REAL CLEANING + PROPERTY PRESERVATION

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:

	Name of Person	
RENTAL & FOLECLOSULE RE	AL CLEANING + PROPERTY PA	LESERI
	Firm/Company	
8215 97 × 5T.		
	Address	
VERO BEAC	CH, FLOKIDA 32967-2812	
	/State and Zip Code	 -
SUZZO & BELL.	SOUTH. NET	
E-mail address: (to be used for	r future annual report notification)	3 =
For further information concerning this matter, please	call:	
4	102 - 589-8299 OR	
RICHARD K. CONFORT	at (772) 633.0892 (Cext)	₹ 5 5
Name of Person	Area Code & Daytime Telephone Number	1) 1879 132
	: " C 다.	j T
Enclosed is a check for the following amount:	, jo r	를 50
\$125.00 Filing Fee \$\infty\$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Filing F	
Certificate of Status	Certified Copy Certificate of Stat	ius &
	(additional copy is enclosed) Certified Copy	

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 is:

RFRC	RENTAL & FORECLOSURE	ROAL CLOANING +	PROPERTY	PLESERVATION "LLC"
	(Must end with the words "Limited	d Liability Company "LLC " or "L	C.")	270

ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address:</u>	
8215 97 COURT	8215 97	
VERO BEACH, FLORIS 32967-2812	DA VERO BEACH	
32967-28/2	32967	7-2812
business entity with an active Florida regis The name and the Florida street a	ve as its own Registered Agent. You must designate a stration.) address of the registered agent are: HARO K - CONFORT	7010 DE 74. ΓΑΓΓΑΣ
A 76.		. ,
	Name	SS SS CO
		ASSEE TO ASSEE TO
82	Name	in en
82	Name 15 97 COURT	le)

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

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	Name and Address:
"MGRM" = Managing Men	nber
MGR.	RICHARO K CONFORT
	8215 97 COURT
	RICHARO K CONFORT 8215 97 COURT VENO BEACH, FL 32967-2812
meam	DORA SUSAN CONFORT
	8215 97 COURT
	8215 97 COURT VELO BEACH, FL. 32969-2812
•	
(Use attachment if necessar	v)
	• /
	er than the date of filing: TAN. 3, 2011. (OPTIONAL)
	te must be specific and cannot be more than five business days prior
r 90 days after the date of filing	(4)
	•
DECLIDED CICNATIDI	r
REQUIRED SIGNATURI	D: 2
	SEC SEC
	SECSE ALL AH
	Ledoud K. lowarh RECRET
	of a member or an authorized representative of a member.
Signature (of a member or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution of this document
Signature of Signa	section 608.408(3), Florida Statutes, the execution of this document anation under the penalties of periury that the facts stated herein are true.
Signature of Signature of Constitutes an affirm I am aware that any	section 608.408(3), Florida Statutes, the execution of this document false information submitted in a document to the Department of States egree felony as provided for in s.817.155, F.S.)
Signature of Signature of Cln accordance with constitutes an affirm I am aware that any constitutes a third d	of a member or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution of this document representation under the penalties of perjury that the facts stated herein are true.

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)