

LID 0000131177

(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

G. MCLEOD

DEC 27 2010

EXAMINER



300188928903

12/23/10--01033--030 **160.00

FILED
10 DEC 23 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BENNET LAPIDUS
ATTORNEY AT LAW

2185 Lemoine Avenue
Suite B-4
Fort Lee, New Jersey 07024

BENNET LAPIDUS*

OF COUNSEL

PAUL M CECERE*

*Member NJ, NY and FL Bar

*Member NJ and NY Bar

Tel: (201) 342-1616

Fax: (201) 242-6888

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

December 20, 2010

Re: Formation of RSH9, LLC

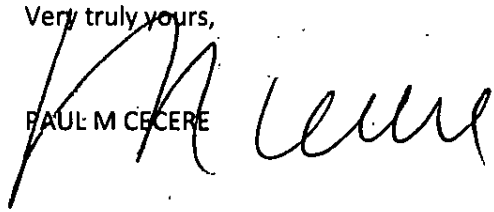
Dear Sir or Madam:

Enclosed please find original and copy of Articles of Organization for the above named entity together with check in the amount of \$160. Please file same and return a filed copy to me at your earliest convenience in the stamped envelope which I have enclosed for your convenience in reply.

Thank you for your anticipated cooperation.

Very truly yours,

PAUL M CECERE



Cc: Mr Richard harding

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RSH9, 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:

RICHARD HARDING
Name of Person

Firm/Company

18000 BELLA MARE
Address

MINOMAR LAKES, FLORIDA 33913
City/State and Zip Code

gtmom@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CINDY HARDING at (239) 433-7757
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RSH9, LLC

(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:

18000 BELLA MAE
MIROMAR LAKES
FLORIDA 33913

Mailing Address:

18000 BELLA MAE
MIROMAR LAKES
FLORIDA, 33913

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.)

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

RICHARD HARDING

Name

18000 BELLA MAE

Florida street address (P.O. Box **NOT** acceptable)

MIROMAR LAKES, FLA 33913

City, State, and Zip

FILED
10 DEC 23 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Corporation Service Company

By: [Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGRM

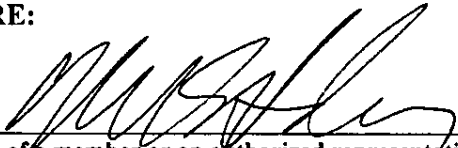
RICHARD HARDING
18000 BELLA MADE
MIROMAR LAKES, FLA 33913

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

RICHARD HARDING

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)