# 110000011891

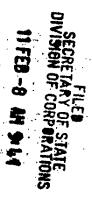
(Requestor's Name)			
-(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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T. HAMPTON FEB - 9 2011

CKAMINED



## COVER LETTER

Division of Corpo			
SUBJECT: CC	Tech Servi	'ces	
	Name of Limite	ed Liability Company	
The enclosed Articles of O	rganization and fee(s) are	submitted for filing.	
Please return all correspond	dence concerning this matt	er to the following:	
Rom	mel Cryz		
····		Name of Person	
RC. T	ech Servic	<b>e5</b> Pirm/Company	
		Firm/Company	
		y Dr.	
		' Address	
North	Pain &	each FL, 3	3408 
	City	v/State and Zip Code	
	E-mail address: (to be used f	or future annual report notification)	<del>, ,,,,,,</del>
For further information cor	ncerning this matter, please	call:	
Rommel Con	WZ Person	at ( <u>850</u> ) <u>459</u> Area Code & Daytime Telep	9039 hone Number
Enclosed is a check for the	he 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)
1 1	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 Ci Tallahassee, FL 32301	rcle



# FLORIDA DEPARTMENT OF STATE Division of Corporations

#### RECEIVED

11 FEB -8 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 28, 2011

ROMMEL CRUZ 2060 N WATERWAY DR NORTH PALM BEACH, FL 33408

SUBJECT: RC TECH SERVICES Ref. Number: W11000005454

We have received your document for RC TECH SERVICES and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 811A00002424

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(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: Mailing Address:
2060 N. Deterway Dr. N. Polin Beh, Fl. 22408  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:
Rommel Cruz
2060 N. Waterway Dr. Florida street address (P.O. Box NOT acceptable)
D. Palm Bch FL 35408 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

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.

gnature (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 "MGRM" = Managing Member	Name and Address:
MGRM	Rommel Cruz 2060 N. Waterway Dr. N. Palm, Beh, Fl 33408
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than	n the date of filing: (OPTIONAL)  ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Vertical Desired
	ember or an authorized representative of a member.
of this document of	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)
Rom	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)