

L11000017550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

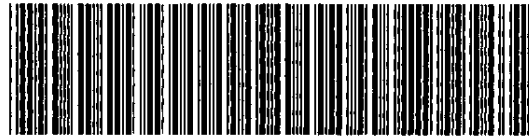
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500189996935

01/06/11--01016--002 \*\*70.00

02/09/11--01023--003 \*\*55.00

FILED  
11 FEB -9 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2011

CARROLL BEASLEY  
18834 FURMAN DR  
SPRING HILL, FL 34601

SUBJECT: RSR RECYCLE LLC  
Ref. Number: W11000001141

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11 FEB -9 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for RSR RECYCLE LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$55.00.

You completed the wrong form to file as a LLC,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 211A00000636

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RSR RECYCLE 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:

CARROLL BEASLEY

Name of Person

Firm/Company

18834 FURMAN DRIVE

Address

SPRING HILL FL 34601

City/State and Zip Code

snisanto@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVE RAMASANTO

Name of Person

at 727

5046023

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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**RSR RECYCLE 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:**

**Mailing Address:**

18834 FURMAN DR

SPRING HILL FL 34601

**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:

**CARROLL BEASLEY**

Name

**18834 FURMAN DR**

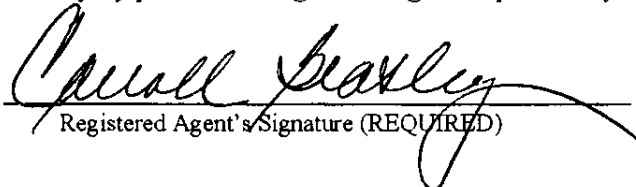
Florida street address (P.O. Box **NOT** acceptable)

**SPRING HILL**

**FL 34601**

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)**

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

For more information, please contact the Department of State at 850-487-1300 or visit our website at www.floridastate.gov

**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

RAMON RAMASANTO  
83448 LITTLE ROAD #190  
NEW PORT RICHEY FL 34654

MBR

CARROLL BEASLEY  
18834 FURMAN DR  
SPRING HILL FL 34601

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

(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.)

**RAMON RAMASANTO**

Typed or printed name of signer

**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)**

**FILED**  
**11 FEB - 9 PM 1:02**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**