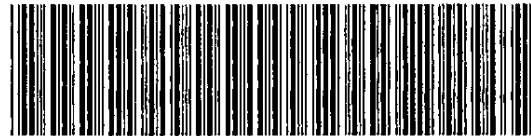


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02/15/11--01028--008 **160.00

FILED
11 FEB 24 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB 25 2011

(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:

CORRECTION TO ADDRESS PER
CONVERSATION WITH
B. THOMAS FAHERTY 2/25/2011 KS

Office Use Only



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2011

B. THOMAS FAHERTY
4124 ALPINE DRIVE
GAINESVILLE, FL 32605

SUBJECT: R T K WORKS LLC
Ref. Number: W11000009682

We have received your document for R T K WORKS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 411A00004150

B. THOMAS FAHERTY

4124 Alpine Drive
Gainesville, FL 32605
Phone: (386) 462-5653
Email: afn50079@yahoo.com

February 11, 2011

Division of Corporations
Department of State
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Enclosed are the application and check for the new LLC, RTK Works.

Please call if you have any questions or if you need more information.

Sincerely,



B. Thomas Faherty

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R T K WORKS LLC

ARTICLE II - Address:

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

P. O. BOX 402 HAMPTON, FL 32044
COUNTY ROAD 1471 18310, WALDO, FL 32694

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

RONALD T KOMALSKI

COUNTY ROAD 1471 18310

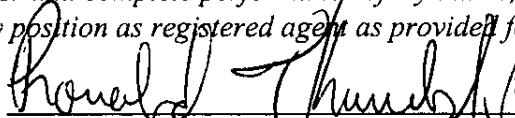
Florida street address (P.O. Box **NOT** acceptable)

WALDO FL 32694

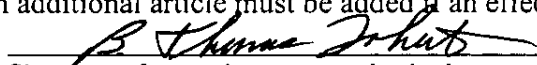
City, State, and Zip

FILED
11 FEB 24 PM 3:49
CLERK 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..


Registered Agent's Signature

(An additional article must be added if an effective date is requested)


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.)

B. THOMAS FAHERTY Representative of a Member

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

R T K WORKS LLC

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

RONALD T KOWALSKI

(Name)

COUNTY ROAD 1471 18310

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

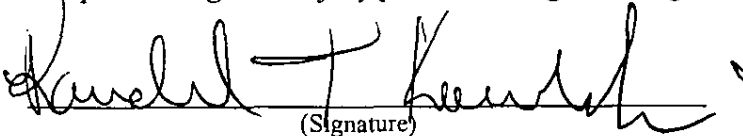
WALDO

FL

32694

City/State/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..


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)