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2011 MAY -2 PM 1: 84 SECRETARY OF STATE

T. CLINE

MAY - 4 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RT Remodeling 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:
Rober to Teixeir a
RT Remodeling Firm/Company
3114 Country Club Blv d
Cape Cova PL 33904 City/State and Zip Code
RT—Names Q (a hoo). (m E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Respect to the place of the place
Roberto Teixeira at 239 205-4510 SPR Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
RT Remodeling LU (Must end with the words "Limited Liability	ly Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3114 Country Club Blud Cape Coral Pl 33904	2114 Country Club Blud Cape Coval PL 33904
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re Roberto Te	gistered agent are:
3114 Courty Florida street addr Cape Cural City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provision of all formance of my duties, and I am familiar with and served agent as provided for in Chapter 608, FS

Page 1 of 2

(CONTINUED)

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Roberto Teixeira 3114 Courmy Club Blud Cape Ciral PL 33904
	
(Use attachment if necessary)	
LE V: Effective date, if other than	n the date of filing: (OPTIONAL)
LE V: Effective date, if other than	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days p
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE:	ist be specific and cannot be more than five business days p
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE:	Ist be specific and cannot be more than five business days per specific and cannot be
LE V: Effective date, if other than fective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a mudays after date of filing accordance with section constitutes an affirmation I am aware that any false in the section of the section o	ist be specific and cannot be more than five business days p

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)