L11000104759

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SEUBLIANNSSEEL STATE

B. BOSTICK
SEP 1 3 2011
EXAMINER

COVER LETTER

4 5.	O: Registration Section Division of Corporations	
	UBJECT: RLTT LLC Name of Limited Liability Company	
	the enclosed Articles of Organization and fee(s) are submitted for filing.	
	lease return all correspondence concerning this matter to the following:	
	Name of Person RLTTLLC Firm/Company	<u></u>
· • • • • • • • • • • • • • • • • • • •	425 N. Andrews Suit 403	
	1. Laudepolale Hopida 3330) ESC. City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
10	Name of Person Area Code & Daytime Telephone Number	PM 5: 00
	nclosed is a check for the following amount:	
] [25.00 Filing Fee \$\ \text{S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \$\ \ext{Certified Copy (additional copy is enclosed)} \$\ \	. &
	Mailing Address Registration Section Registration Section Division of Corporations Registration Section Division of Corporations	

P.O. Box 6327
Tallahassee, FL 32314

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:	
RLTT	LIC
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
425 N. Androns Avour	SAME
A. Laudindale Horida 33301	
4) Laudredole	red Agent. You must designate an individual or another
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	

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: Name and Address: MGR" = Manager 'MGRM" = Managing Member (Use attachment if necessary) **EICLE V:** Effective date, if other than the date of filing: _ (OPTIONAL) Ifan effective date is listed, the date must be specific and cannot be more than five business days prior 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 face information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2011

KEIÏH MARTEL RUSSELL 425 N. ANDREWS AVENUE SÜITE 403 ET ELAUDERDALE, FL 33301

SUBJECT: RL III, LLC

Ref. Number: W11000043949

We have received your document for RL III, LLC and your check(s) totaling \$1,25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

operating agreement are not recorded with Department of State. Please retain your records.,

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

figyou have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 911A00019757