

L11000/05657

(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:

A. LUNT

SEP 15 2011

EXAMINER

Office Use Only



200211812742

09/14/11 --01006--019 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 SEP 14 PM 1:07

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R D S M PROPERTIES L.L.C.  
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:

ROBERT DUSZYNSKI  
Name of Person

RDSM PROPERTIES  
Firm/Company

5273 HAMMOCK CIRCLE  
Address

ST. CLOUD FL. 34771  
City/State and Zip Code

BOBNSANDY612@EARTHLINE.NET  
E-mail address: (to be used for future annual report notification)

2011 SEP 14 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

ROBERT DUSZYNSKI at ( 407 ) 891-6195 (CELL 407-4089367)  
Name of Person 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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ORDSM PROPERTIES L.L.C.  
(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:**

5273 HAMMOCK CIRCLE  
ST. CLOUD FL.  
34771

5273 HAMMOCK CIRCLE  
ST. CLOUD FL.  
34771

**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:

ROBERT DUSZYNSKI  
Name

5273 HAMMOCK CIRCLE  
Florida street address (P.O. Box **NOT** acceptable)

ST. CLOUD FL 34771  
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..*

*Robert Duszynski*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2011 SEP 14 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGR

DANIEL DUSZYNSKI  
6251 OAK SHORE DR.  
ST CLOUD FL 34771

MGRM

ROBERT DUSZYNSKI  
5273 HAMMOCK CIRCLE  
ST. CLOUD FL. 34771

MGRM

SANDRA DUSZYNSKI  
5273 HAMMOCK CIRCLE  
ST. CLOUD FL. 34771

MGRM

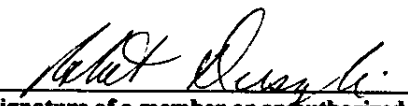
MICHELLE DUSZYNSKI  
6251 OAK SHORE DR.  
ST. CLOUD FL. 34771

(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.)

ROBERT DUSZYNSKI  
\_\_\_\_\_  
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)**

2011 SEP 14 PM 1:01  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA