L11000110015

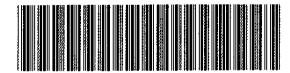
(Requestor's Name)		
(Address)		
(Address)		
,	,	
/O:	(0) (7) (7)	- 40
(Ci	ty/State/Zip/Phone	∋ #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
ud)	isiness Enuty Man	ne)
(Document Number)		
Certified Copies Certificates of Status		of Status
Special Instructions to Filing Officer:		
		-
		İ
		

Office Use Only

B. KOHR

SEP 2 C 2011

EXAMINER



700212425277

09/26/11--01030--019 **155.00

MECEIVED

11 SEP 26 PH 2: 57

DEFANCE OF STATE O



CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT: Kim Weidenbach DATE: 09/26/11 **REF. #:** 000174.154692 CORP. NAME: RS/STORY, LLC () ARTICLES OF DISSOLUTION () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () FICTITIOUS NAME () TRADEMARK/SERVICE MARK () ANNUAL REPORT (XX) LIMITED LIABILITY () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () WITHDRAWAL () MERGER () REINSTATEMENT () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 54 1590 FOR \$ 155.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$_____ PLEASE RETURN:

(XX) CERTIFIED COPY

() CERTIFICATE OF GOOD STANDING

() PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION

RS/STORY, LLC, a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

RS/STORY, LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

c/o Eugene Schwartz 1004A N. Lockwood Ridge Rd. Sarasota, Florida 34237

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Jeffrey S. Russell 240 South Pineapple Ave., 9th Floor Sarasota, Florida 34236

ARTICLE IV
MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

A SEP 26 PM 32 20

"MANAGER"

<u>CERTIFICATE OF DESIGNATION OF</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the 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:

RS/STORY, LLC

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

Jeffrey S. Russell 240 South Pineapple Avenue, 9th Floor Sarasota, Florida 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date:

Jeffrey S/Russell

"REGISTERED AGENT"