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PALLAHASSEE, FLORIDA

D. BRUCE

SEP 27 2011

EXAMINER

COVER LETTER

TO:

TO:	Registration Section Division of Corporations		
SUBJI	IECT: R&B Oak Hammocks, LLC		
SCEO	Name of Limited Liability Company		
The en	nclosed Articles of Organization and fee(s) are submitted for filing.		
Please	e return all correspondence concerning this matter to the following:		
	William H. Newton, III		
	Name of Person		-
	Firm/Company		-
	1000 Brickell Ave., Ste. 1025		
	Address		
	Minusi El 20124	1 SEP	i
1	Miami, FL 33131 City/State and Zip Code	20	
	wnewton@law.miami.edu	PE PE	i.i.
•	E-mail address: (to be used for future annual report notification)	ल द ्र	`
For fur	erther information concerning this matter, please call:	Ħ	
Willia	am H. Newton, III at (305) 373-0840		
	Name of Person Area Code & Daytime Telephone Number	_	
Enclos	sed is a check for the following amount:		
\$125.00	0 Filing Fee ✓ \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status &)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company i	s:		
DOD Colcilianono ele 110			
R&B Oak Hammocks, LLC (Must end with the words "Limited Lia	hilita Common. W. I. C. Y.	%I L C ??\	
(Must end with the words "Limited Lia	omy Company, "L.L.C.," (or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of th	e Limited L	iability Company is:
Principal Office Address:	Mailing Addres	<u>s:</u>	
1000 Brickell Ave., Ste. 1025	1000 Brickell Av	e., Ste. 102	5
Miami, FL 33131	Miami, FL 33131		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)			
The name and the Florida street address of the	registered agent are	:	ALE I
Supreme Realty Man	agement, LLC		AF SE
Nam	е		26 ASSE
1000 Brickell Av	e, Ste. 1025		HO R
Florida street a	ddress (P.O. Box <u>NOT</u> a	cceptable)	[CO - 1 Free 1 1 1 1 1 1 1 1 1
Miami,	_{FL} 33131		TATE ORIO
City, 9	State, and Zip		A
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I her ity. I further agree to performance of my du	eby accept to comply with ties, and I a	he appointment as h the provisions of all m familiar with and
Registered Agent's Sign	Mentin III ature (REQUIRED)	E M.	nager of e Realty
(CONTI	NUED)	Ny	LLC

Page 1 of 2

MGR William H. Newton, III 1000 Brickell Ave., Ste. 1025 Miami, FL 33131 William H. Newton, III 1000 Brickell Ave, Ste.1025 Miami, FL 33131 (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days 90 days after the date of filing.) REOUIRED SIGNATURE: Coptional Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member. Signature of a member of an authorized representative of a member of a	<u>Title:</u> "MGR" = Manage "MGRM" = Mana		Name and Address:		
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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)