

L12000018758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

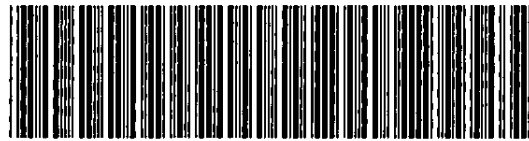
Special Instructions to Filing Officer:

FEB 08 2012

L. SELLERS

~~L12000018758~~

Office Use Only



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FILED
12 FEB - 7 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

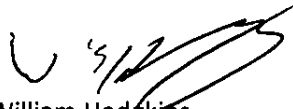
January 13, 2012

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please find the attached Articles of Organization for my new LLC. If there are any questions, I can be reached at any of the contact information below. Thank you.

Sincerely,



William Hodgkins

701 Gulf Land Drive
Apopka, FL 32712
Daytime Phone: 321-214-1990
Cell: 407-716-7239
Fax: 888-262-9217



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2012

WILLIAM E. HODGKINS
220 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

SUBJECT: RM HOLDINGS & INVESTMENTS, LLC
Ref. Number: W12000003378

We have received your document for RM HOLDINGS & INVESTMENTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 412A00002511

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RM Holdings & Investments, 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:

William E Hodgkins

Name of Person

Firm/Company

220 Crown Oak Centre Dr

Address

Longwood, FL 32750

City/State and Zip Code

billh@irmtoday.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William E Hodgkins

Name of Person

at (407) 716-7239

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:

RM Holdings & Investments, LLC

(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:

220 Crown Oak Centre Dr
Longwood, FL 32750

Mailing Address:

220 Crown Oak Centre Dr
Longwood, FL 32750

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:

William E Hodgkins

Name

220 Crown Oak Centre Dr

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

Longwood FL 32750

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
12 FEB - 7 PM 5:02
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

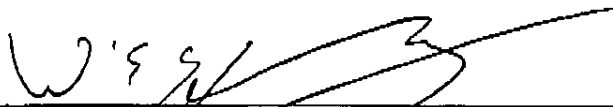
"MGRM" = Managing Member

Name and Address:MGRMWilliam E. Hodgkins, II701 Gulf Land DriveApopka, FL 32712______________________________

(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.)

William E Hodgkins

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)