(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Document Number)				
Certified Copies Certificates of Status				
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D. BRUCE

FEB 16 2012

EXAMINER

COVER LETTER

Division of (Corporations		
SUBJECT: RBT	K Ventures LLC	-> DBA "7	Le Keys Charte
		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
	Bruce Telhi	ard	
		Name of Person	
	The Keys Ch	narters	
		Firm/Company	
	1524 Aquedu	ict Lane	
	10217194041	Address	
	Key Largo, FL		
	<u> </u>	y/State and Zip Code	2 n
	info@thekeyscha	or future annual report notification	
For further information	on concerning this matter, please	call:	
Bruce Telhiard		at (305) 879-05	
Nan	ne of Person	Area Code & Daytime T	elephone 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ri <i>c</i>	LF.	I-	N	me:

The name of the Limited Liability Company is:

Key Largo,

RBTK Ventures 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 Unice Address:	Mailing Address:	
47B Shoreland Dr. Key Largo, FL. 33037	1524 Aqueduct Lane Key Largo, FL. 33037	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		ndividual or another
The name and the Florida street address of	the registered agent are:	12 FEB
The Floating Inn	LLC	ASSEA SEE
T T	man —	
47B Shorela	FLOO	
Florida stra	et address (P.O. Box NOT acceptable)	

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)

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR **Bruce Telhiard** 1524 Aqueduct Lane Key Largo, FL. 33037 MGR The Floating Inn LLC 47B Shoreland Dr. Key Largo, FL. 33037 Rossanna Telhiard **MGRM** 1524 Aqueduct Lane Key Largo, FL. 33037 Tatiana Telhiard MGRM 1524 Aqueduct Lane Key Largo, FL. 33037 (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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 documents 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.) Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)