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(ALL AHASSEE, FLORIDA

T. CLINE

MAR - 6 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2012

SCOTT R. VERTUCCI P.O. BOX 431 DURHAM, CT 06422

SUBJECT: RZD LLC

Ref. Number: W12000008780

We have received your document for RZD 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 13, 2012. Please amend your document accordingly.

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) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 312A000067605

COVER LETTER

TO: Registra Division	tion Section ` of Corporations		
SUBJECT:	RZD LL	_	•
	Name of Limit	ted Liability Company	
The enclosed Arti	eles of Organization and fee(s) are	submitted for filing.	
Please return all co	orrespondence concerning this mat	ter to the following:	
	Scott R	Vertuci, EA, AR	ALECT
	Scott Tax Adv	Firm/Company	
	P.O. Bo	× 431 Address	
	Durhan	, et 06422	
	Scott b Scott	ty/State and Zip Code Cotton Cotton	
For further inform	ation concerning this matter, pleas		
Soft	1	at (860) 301- 496 Area Code & Daytime Telephone Num	ober
Enclosed is a che	eck for the following amount:		
\$125.00 Filing Fe	e \$\int_\$130,00 Filing Fcc & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	D Filing Fee, sate of Status & cd Copy sal 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	2012 MAR -5 PH 3: 56 SECRETARLY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
RZD LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Venice, FL 34293	24844 Pennington Terrace Venice, FL 34293
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	_
Kurt J. Ze	end zian
24844 Penning Florida street addr	ston Terrace ss (P.O. Box NOT acceptable)
Venice City, Stat	FL 34293 e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate. I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
a the	· 2
Registered Agent's Signatu	
(CONTINU	YED)
Page 1 of 2	STATE SERIO

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Kurt J. Zendzian 24844 Pennington Terrace Venice, FL 34293
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: 03/01/2012 (OPTIONAL) ecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member of	appending representative of a member.
(In accordance with section 608.408 constitutes an affirmation under the	8(3), Florida Statutes, the execution of this document epenalties of perjury that the facts stated herein are true on submitted in a document to the Department of State
Filing Fees:	Or printed name of signec
\$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional)	ation and Designation
\$ 5.00 Certificate of Status (Optional)	