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Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RKL Asset Holdings, LLC 04/11/2012



Enclosed is an original and one copy of the Articles with a check in the amount of \$155.00 for the Secretary of State which represents the filing fee for a Limited Liability Company.

Please return the enclosed additional copies to me with the filing date stamped on it.

FROM: Strategic Entity Services, LLC

1500 Avenue F Suite 3

Ely, Nevada 89301

866-310-7269

COVER LETTER

TO:	Registration Division of C					Zi.
SUBJ	FCT-	RKL /	Asset	Holdi	ngs, LLC	
SCIE		Name of Limi				
The es	aclosed Articles of	of Organization and fee(s) are	submit	ted for fil	ing.	
Piense	return all corresp	pondence concerning this ma	iter to ti	ie fallowi	ng:	
				Воусе		
			Name	of Person		
		Strategic			ces, LLC	
	Firm/Company					
	1500 Avenue F, Suite 3					
	Address					
	Ely, NV. 89301					
			-	and Zip Co		
		E-mail address: (to be used		hotma e annual re		on)
For fin	ther information	concerning this matter, pleas	e call:			
		а Воусе	at (866		310-7269
	Name	of Person		Area Co	de & Daytime	Telephone Number
Enclo	sed is a check fi	or the following amount:				
]\$ 125.	00 Filing Fee	S130.00 Filing Fee & Certificate of Status	Ce	rtified C	ing Fee & Copy opy 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		Registra Division Clifton 2661 E	Courier Addition Section in of Corpora Building xecutive Centsec, FL 323	tions ter Circle

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAÑ

ARTICLE I - Name:						
The name of the Limited Liability Com	pany is:					
51/1 A						
	et Holdings, LLC prized Liability Company," "L.L.C.," or "LLC.")					
(Management of the Control of the Co	and though brapary, ass.c., or side.					
ARTICLE II - Address:						
The mailing address and street address	of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
1564 Jacqueline Lane	1564 Jacqueline Lane					
Middleburg, FL 32068	Middleburg FI 32068					
Rayn	nond G. Lapointe					
	Name					
1564	1564 Jacqueline Lane					
Florida street add	Florida street address (P.O. Box NOT acceptable)					
Middlebur	g _{FL} 32068					
Cit	y, 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.

Replaced Agent's Signature (REQUIRED)

(CONTINUED)

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Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Raymond G. Lapointe 1564 Jacqueline Lane Middleburg, Fl. 32068 MGR Kimberiy S. Lapointe 1564 Jacqueline Lane Middleburg FL 32068 (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.) Raymond G. Lapointe Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Page 2 of 2

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