L12000071994

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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DIVISION OF CORPORATIONS

12 MAY 29 AM II: 05

MAY 3 0 2012 T. HAMPTON

COVER LETTER

Division of Corp			
SUBJECT: RTCB	LLC		
SUBJECT.		ed Liability Company	
The enclosed Articles of (Organization and fee(s) are s	submitted for filing.	
Please return all correspon	ndence concerning this matte	er to the following:	
Robert Be	ddome		
		Name of Person	
RTCB LL	.c	_	
		Firm/Company	
414 SW Vi	olet Ave		
		Address	
Port St Lucie	∍, FL 34983		
		y/State and Zip Code	
414violet@g	mail.com		
	E-mail address: (to be used f	or future annual report notification)	
For further information co	oncerning this matter, please	call:	
Robert Beddome		at (772) 344-2613	
Name of	Person	Area Code & Daytime Telep	shone Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTCB LLC		
(Mus	st end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ado	lress:	
The mailing address	s and street address of the	he principal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
414 SW Violet Ave		SAME
Port St Lucie,FL 349	983	
		
(The Limited Liability Co.		tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the F	lorida street address of	the registered agent are:
	Robert Beddome	
•		Name
	414 SW Violet	Ave
4		et address (P.O. Box NOT acceptable)
•	Florida stre	` _ ' '
	Florida stre	FL 34983
	Port St Lucie,	· · · · · · · · · · · · · · · · · · ·

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Page 1 of 2

SECKLIARY UP SIMIL DE DIVISION OF CORPORATIONS

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

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

MGR	Robert Beddome	
	414 SW Violet Ave	
	Port St Lucie, FL 34983	
MGR	Tim Beddome	
	449 SW Violet Ave	
	Port St Lucie, FL 34983	
MGR	Rich Beddome	
	4822 W Warner	
	Chicago, IL 60641	
		
(Use attachment if necessary)		
F. V. Effective data if other than	the date of filing:	(ODTION

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. Lam 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.)

Robert Beddome

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)