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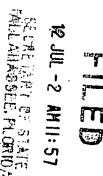
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DEPARTMENT OF STATE

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JUL 2 2012 T. HAMPTON



### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: RLNG	LLC
SCBSECT.	Name of Limited Liability Company
The enclosed Articles of Organization	on and fee(s) are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
J. NEWA	NAN GENTRY Name of Person
RLNG L	Firm/Company
	Firm/Company
503 WI	LLIAMS STREET
NEWMAN &	City/State and Zip Code  NAMWEN. COM  dress: (to be used for future annual report notification)
For further information concerning the	
	at ( 850 ) 321-4450 Area Code & Daytime Telephone Number
Enclosed is a check for the follow	ring amount:
\$125.00 Filing Fee \$130.00 F Certifica	Tiling Fee & \$155.00 Filing Fee & \$\$160.00 Filing Fee, te of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
P.O. Box	n Section Registration Section f Corporations Division of Corporations

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

**Principal Office Address:** 

The name of the Limited Liability Company is:

503 WILLIAMS ST. TALLAHASSEE FL 32303

RLNG LLC

business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
J. NEWMAN GENTRY		
Name		
503 WILLIAMS ST.		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
TAWAHASSEE FL 32303 City, State, and Zip		
City, State, and Zip		
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply we statutes relating to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Registered Agent's Signature (REQUIRED)	the appointm ith the provision am familiar w	ent as ons of all vith and
(CONTINUED) Page 1 of 2	ECTATIONS	
	in ex	

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member . NEWMAN GENTRY MCRM <u>32303</u> MCRM (Use attachment if necessary)

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

ignature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE V: Effective date, if other than the date of filing:

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

\_. (OPTIONAL)