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(Re	equestor's Name)	
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(Do	ocument Number))
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COVER LETTER

TO:	Registration S Division of Co				
SUBJE	icr.	R.V.F. Se	ervices L	LC.	
SCDSE	· · · · · · · · · · · · · · · · · · ·	Name of Limit	ed Liability Comp	pany	
The en	closed Articles o	f Organization and fee(s) are s	submitted for filin	g.	
Please	return all corresp	ondence concerning this matt	er to the following	g:	
		Jimel Jo	hnson		
			Name of Person		
		R.V.F. Se		LC.	
			Firm/Company		
		3936 S. Sem	oran Blv	d Suite	379
			Address		
		Orlando F	L 32822	2	
		Cit	y/State and Zip Cod	le	
•		E-mail address: (to be used f	or future annual rep	oort notification)	
For fur	ther information	concerning this matter, please	call:		
Jir	nel Joh	nson	_{at} 407	, 334-9	120
	Name	of Person	Area Cod	le & Daytime Tele	phone Number
Enclos	sed is a check f	or the following amount:			
⊒ \$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Fili Certified Co (additional co	_	\$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 I 2661 Ex	Courier Address tion Section of Corporation Building secutive Center (ssee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ompany is:	
Limited Liability Company, "L.L.C.," or "LLC.")	
ss of the principal office of the Limited Liability Cor	mpany is:
Mailing Address:	
3936 S. Semoran Blvd suite 379	
Orlando FI 32822	
its own Registered Agent. You must designate an individual or another.) ess of the registered agent are: Jimel Johnson Name lian Dr Ida street address (P.O. Box NOT acceptable)	
City, State, and Zip ent and to accept service of process for the above state gnated in this certificate, I hereby accept the appoint this capacity. I further agree to comply with the provind complete performance of my duties, and I am familistion as registered agent as provided for in Chapter (gent's Signature (REQUIRED)	ted limited ment as visions of liar with
	s of the principal office of the Limited Liability Con Mailing Address: 3936 S. Semoran Blvd suite 379 Orlando Fl 32822 Registered Office, & Registered Agent's Signatures own Registered Agent. You must designate an individual or another. So of the registered agent are: Jimel Johnson Name an Dr da street address (P.O. Box NOT acceptable) Orlando FL 32822 City, State, and Zip ant and to accept service of process for the above statement of this capacity. I further agree to comply with the provided complete performance of my duties, and I am family in as registered agent as provided for in Chapter of the agree of the agent as provided for in Chapter of the agree of the agent as provided for in Chapter of the agree of the agent as provided for in Chapter of the agent as provided for in Ch

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:

	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
CEO	Jimel Johnson
•	7824 Killian Dr
	Orlando Fi 32822
	•••••••
(Use attachment if necessary)	•
(Use attachment if necessary)	•
•	the date of filing: (OPTIONAL)
CLE V: Effective date, if other than	the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days
CLE V: Effective date, if other than	nust be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date is	nust be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date is o or 90 days after the date of filing	nust be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date in	nust be specific and cannot be more than five business days g.)
CLE V: Effective date, if other than effective date is listed, the date is or 90 days after the date of filing	nust be specific and cannot be more than five business days g.)
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CLE V: Effective date, if other than effective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days g.)
CLE V: Effective date, if other than effective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a me	ember or an authorized representative of a member.
CLE V: Effective date, if other than effective date is listed, the date is to or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation up a second section constitutes an affirmation up a section constitute and a section constitutes an affirmation up a section constitute and a secti	ember or an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than effective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation up I am aware that any false in	must be specific and cannot be more than five business days g.) Important an authorized representative of a member. In 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. The formation submitted in a document to the Department of State.
CLE V: Effective date, if other than effective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation used in a management of the constitutes are affirmation used in a management of the constitutes are affirmation used in a management of the constitutes are affirmation used in a management of the constitutes are affirmation used in a management of the constitutes are affirmation used in the constitutes are affirmation	ember or an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.

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)