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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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Office Use Only

(850) 245-6051.

	Registration S Division of Co			
SUBJEC	ст:у	LMC , LL Name of Limite	ed Liability Company	
The enclo	osed Articles of	Organization and fee(s) are s	submitted for filing.	
Please ret	turn all corresp	ondence concerning this matte	er to the following:	
	Pal	pert L. M	ilie	
_	,		Name of Person	
_			Firm/Company	
	101	13 SW 38	Place	
			Addicas	
	Gar	nesville, +1	_ 32608	
	RMil	E-mail address: (to be used f	2608 y/State and Zip Code a 1+ group. CoA or future armual report notification)	1
For furth		concerning this matter, please		
	pert L	_	at (352) 514 Area Code & Daytime Telep	- 1554 hone Number
Enclose	d is a check fo	or the following amount:		
□\$125.00	0 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 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 Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 1, 2013

ROBERT L. MILIE 10113 SW 38TH PLACE GAINESVILLE, FL 32608

SUBJECT: RMC, LLC

Ref. Number: W13000037516

We have received your document for RMC, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 113A00016284

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:
RLMC, LLC	,
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
Lobert L. Milie 10113 SW 38 th Place Caniesville, FL 32608 ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registeres entity with an active Florida registration.)	Robert L. Milie 1013 SW 38th Place 601-esville; FC 32608 ad Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
GAINESVILLE	Milie 38th PL ddress (P.O. Box NOT acceptable)

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	· ·	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:	
MGRM	Robert L. Milie 10113 SW 38th Place Cainesville, FL 32608	- <u>-</u>
	:	
	•	
	:	
(Use attachment if necessary	<i>r</i>)	
effective date is listed, the d	er than the date of filing: (O late must be specific and cannot be more than five filing.)	
to or 90 days after the date of		
to or 90 days after the date of REQUIRED SIGNATURE		SECRETY SALLAHA
REQUIRED SIGNATURE	of a member of an authorized representative of a member.	FILE JIL 16 LAHASSER
REQUIRED SIGNATURE Signature of (In accordance with a constitutes an affirmation and a second		JUL 16 M TO ANASSEE, FLO

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

Page 2 of 2

\$125,00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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