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(Re	questor's Name)	
(Ad	dress)	
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(Cit	:y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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SECRETARY OF STATE



### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: RC Construction Builders LLC Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Robert L Chandler Name of Person		
Name of Person		
Firm/Company		
1041 Schwall Rd		
Address		
Havana, FL. 32333		
Havana, FL. 32333  City/State and Zip Code  I robert Chandler Ohot mails com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Robert Chandler at (32333) 850-566-3800  Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee  Certificate of Status  □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
To.		

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 Circle
Tallahassee, FL 32301

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RC Construction Builders LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
1041 Schwall Rd Havana, FL. 32337 Havana, FL. 3233
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 business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Robert L Chandler
Name
1041 Schwall Rd Havant Florida street address (P.O. Box NOT acceptable)
Hovona FL 32333 City, 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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

SECRETARY OF STATE

APPROVED

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGRM | Managing Member | More | Managing Member | MGRM | Managing Member | More | Managing Member | MGRM | Managing Member | More | Managing Member | MGRM | Managing Member | More | Managing Member | MGRM | More | More | Managing Member | MGRM | More | More | Managing Member | MGRM | More | More | Managing Member | MGRM | More | More | More | Managing Member | MGRM | More | More | More | More | MGRM | More | More | More | More | MGRM | More | More | More | MGRM | More | More | More | More | MGRM | More | More | More | More | MGRM | More | More | More | More | MGRM | More | More | More | More | MGRM | More | More | More | More | MGRM | More | More | More | More | MGRM | More | More | More | More | MGRM | More | More | More | More | MGRM | More | More | More | More | MGRM | More | More | More | More | MGRM | More | More | More | More | MGRM | More | More | More

### **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. 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.)

Robert L Chandler
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)

SECRETARY OF STATE
RALLAHASSEE, FLORIDA