

L13000107648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

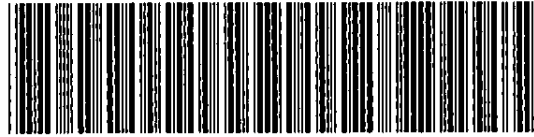
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Walters

Office Use Only



300249775943

08/01/13--01002--003 **160.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 JUL 31 PM 2:41
TO AGENT'S OFFICE
SUFFICIENCY OF FILING

2013 JUL 31 AM 8:35
DEPARTMENT OF STATE
HALL AT ASSESSMENT, FLORIDA

J. SAULSBERRY
EXAMINER

AUG 01 2013

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

7/31/13 *Minda*



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

LLC

1.

RSR Investment Properties II, LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

2013 JUL 31 AM 8:35
STATE
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RSR Investment Properties II, 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:

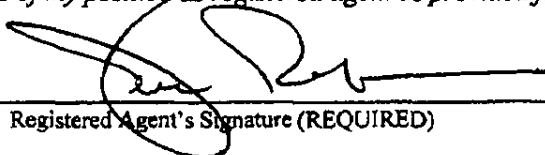
Principal Office Address:649 5th Ave S.
Naples FL
34102**Mailing Address:**same**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

J. Lowell Rolquin
Name649 5th Ave S.
Florida street address (P.O. Box NOT acceptable)
Naples FL 34102
City, State, and Zip2013 JUL 31 AM 8:35
CLERK OF STATE
MY COMMISSION EXPIRES 11/01/14

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRJ. Lowell Rolquin
649 SE Ave S.
Naples Fl 34102MGRMMary Jane Rolquin
649 SE Ave S
Naples Fl 34102

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

J. Lowell Rolquin
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)

2013 JUL 31 AM 8:35
 OFFICE OF THE
 CLERK OF THE
 STATE
 TALLAHASSEE, FLORIDA