

L13000111028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

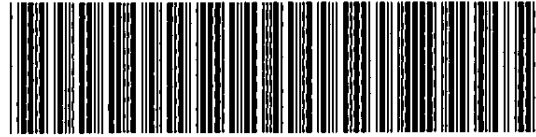
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 AUG -5 PM 4:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

W13-41033

NO \$

AUG 06 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2013

RICK MCALEER
820 15TH ST NW
NAPLES, FL 34120

SUBJECT: RCB NU TECH LLC
Ref. Number: W13000041033

We have received your document for RCB NU TECH LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 013A00017688

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TALLAHASSEE FLORIDA

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **RCB NuTech 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:

Rick McAleer

Name of Person

Firm/Company

820 15th St NW

Address

Naples, FL 34120

City/State and Zip Code

rpsmgt@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris McAleer

Name of Person

at **239 404-4118**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RCB NuTech 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:

RCB NuTech LLC

820 15th St NW

Naples, FL 34120

Mailing Address:

RCB NuTech LLC

820 15th St NW

Naples, FL 34120

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:

Lee Ann Smith

Name

460 21st St SW

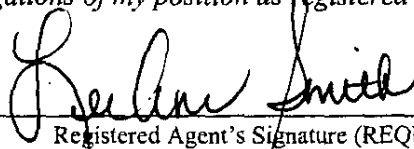
Florida street address (P.O. Box **NOT** acceptable)

Naples, FL 34120

FL

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

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:

MGRM

Rick McAleer

820 15th St NW

Naples, FL 34120

MGRM

Christina McAleer

820 15th St NW

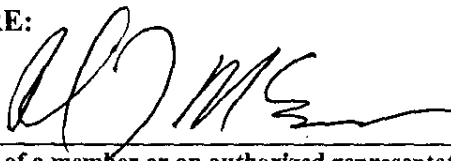
Naples, FL 34120

(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. 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.)

Rick McAleer

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)

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TALLAHASSEE FLORIDA