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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RCI Window Solutions, 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:

Charles Jimmy Tabb, Jr.

Name of Person

RCI Window Solutions, LLC

Firm/Company

449 Ocean Forest Drive

Address:

Saint Augustine, FL 32080

City/State and Zip Code

Jimmy.RCI@gmail.com

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

For further information concerning this matter, please call:

Charles Jimmy Tabb, Jr 904 669-8705

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RCI Window Solutions, 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:

449 Ocean Forest Drive

Saint Augustine, FL 32080

Mailing Address:

449 Ocean Forest Drive

Saint Augustine, FL 32080

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:

Charles Jimmy Tabb, Jr.

Name

449 Ocean Forest Drive

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

Saint Augustine

FL

32080

City, State, and Zip

SEARCHED
INDEXED
MAILED
FILED
13 SEP 30 AM 11:09
FLORIDA SECRETARY OF STATE
REGISTRATION AND LICENSING

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..

Charles Jimmy Tabb, Jr.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Charles Jimmy Tabb, Jr.

449 Ocean Forest Drive

Saint Augustine, FL 32080

(Use attachment if necessary)

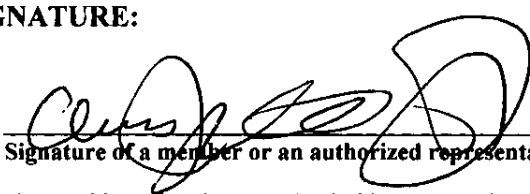
ARTICLE V: Effective date, if other than the date of filing: September 25, 2013

(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.)

2013
30 AM 11:09
FLORIDA
DEPARTMENT OF STATE
REGISTRATION
SECTION 1
FILED

REQUIRED SIGNATURE:



Charles Jimmy Tabb, Jr.
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.)

Charles Jimmy Tabb, Jr

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)