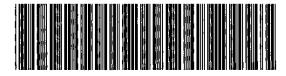
149000149964

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	•
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
,		
		•

Office Use Only



600252735036

10/23/13--01009--024 **155.00

EFFECTIVE DATE 10-18-13

2013 OCT 23 PH I2: 1

SECONDINARY OF STATI

B. BOSTICK
OCT 2 4 2013
EXAMINER

(850) 245-6051.

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

RST1, 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:

RICHARD SCHOLSOHN

Name of Person

Firm/Company

10690 STONEBRIDGE CIRCLE

Address

BOCA RATON, FL 33498

City/State and Zip Code

RICHSCHOLSOHN@hotmail.com

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

For further information concerning this matter, please call:

RICHARD SCHOLSOHN

561

3704848

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 Compa	ny is:	
RST1, LLC		
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
10690 STONEBRIDGE BLVD.	SAME	
BOCA RATON, FL 33498	•	
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address o	f the registered agent are:	Z01
RICHARD SCHOLSOHN	RICHARD SCHOLSOHN	
	Name	2013 OCT 23
10690 STONEBRIDGE BL	VD	٠
Florida str	reet address (P.O. Box NOT acceptable)	
BOCA RATON	_{FL} 33498	PHIZ: 1
	City, State, and Zip	岩 岩 二

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:

MGRM	RICHARD SCHOLSOHN	
	10690 STONEBRIDGE BLVD.	
	BOCA RATON, FL 33498	
		-1 P
		ZRI3 OCT
		- P
		ASS
		
(III. v. 1		
(Use attachment if necessary)		<u> </u>
CLE V: Effective date, if other than th	ne date of filing: 10/18/2013	(OPTIONAL

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.)

RICHARD SCHOLSOHN

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)