

L140000091143

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H140000091143)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHAPIRO & ADAMS, P.A.
Account Number : I19990000101
Phone : (561) 691-0059
Fax Number : (561) 691-0066

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dfainberg@milcone.com

**FLORIDA LIMITED LIABILITY CO.
RLC Capital Management, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

14 JAN 13 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JAN 13 AM 12:00
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TALLAHASSEE-FLORIDA

JAN 14 2014

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Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RLC Capital Management, 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:

444 Red Hawk Drive
Jupiter, FL 33477444 Red Hawk Drive
Jupiter, FL 33477

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:

Michael Brandon

Name

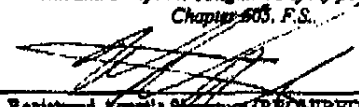
444 Red Hawk DriveFlorida street address (P.O. Box NOT acceptable)Jupiter

City

FL 33477

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 605, F.S.


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Michael Bronfain

444 Red Hawk Drive

Jupiter, FL 33477

(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.)

ARTICLE VI: Other provisions, if any.
 This is a manager managed company.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
 (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. If 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 817.155, F.S.)

Michael Bronfain

Typed or printed name of signer

Filing Fee:

\$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

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