## 2/40000333380

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	TED 0. C. 204)	
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Office Use Only



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## **COVER LETTER**

Division of Corporations	
SUBJECT: RSK Elects	LLC
Name of Limi	ited Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Randall Steele	
	Name of Person
RSK Elects L	Firm/Company HASS
	Firm/Company
1801 Sunset Dr	Winter Park, FL 32789 Address
Winter Par	LFL 32789  Ty/State and Zip Code  a:l.com for future annual report notification)
Cit	ry/State and Zip Code
rsk. elects @ gm	a
For further information concerning this matter, pleas	e call:
Kell, Steele at L	Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	□\$155.00 Filing Fee & □\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327 Tallabassee, El. 32314	Clifton Building 2661 Executive Center Circle
Tallahaceee kl 47414	266 L EXECUTIVE CENTER CITCLE

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	d Liability Company is:		•		
	RSK Ele		<u></u>	· · · · · · · · · · · · · · · · · · ·	
(N	Aust end with the words "l	Limited Liability	Company, "L.L.C.,"	' or "LLC.")	
ARTICLE II - Address The mailing address an	ss: d street address of the prir	ncipal office of the	: Limited Liability (	Company is:	
Principal Office Addr	ess:	Mailin	g Address:		
1801 Sunset T Winter Park,	)r. FL 32789	180 Win	1 Sunset Dr. Ler Park, FL	32789	
(The Limited Liability another business entity	dered Agent, Registered Company cannot serve as with an active Florida region da street address of the re	its own Registered gistration.) gistered agent are:  Stell	d Agent, You must		
	•	Name		1001 1001 1001 1001 1001 1001 1001 100	
	1801 Sunset	$\mathcal{D}_{C}$			43,500
	Florida street address (P	O. Box NOT acc	eptable)		
	Winter Park	FL	32789		
	City		Zip	•	
the place designated capacity. I further ag	d in this certificate, I hereb tree to comply with the pro	y accept the appor evisions of all statu	intment as registered tes relating to the pe f my position as reg	stated limited liability comp d agent and agree to act in roper and complete perforn istered agent as provided fo	this nance

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
_AMBR	Dandall Steele
	Winter Park FL 32789
AMBR	Kelly Steele
	Water Park FL 32789
	AHASSEE
	ν 23 Γ
	THE PART OF THE PA
<del></del>	
	97 <b>3</b>
(Use attachment if necessary)	
•	e date of filing: (OPTIONAL)
CLE V: Effective date, if other than th effective date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
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