

L14000126489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

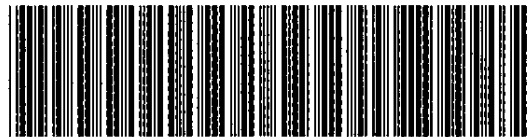
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

~~W/14 48144~~

Office Use Only



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08/05/14--01027--017 \*\*125.00

EFFECTIVE DATE 09-10-14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 AUG 13 AM 9:19

Artificial  
Intelligence  
FIELD

AUG 13 2014

T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RMK Geospatial, 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:

Rudolphe Messan Konou

Name of Person

RMK Geospatial, LLC.

Firm/Company

2656 Fairmount Lane

Address

Tallahassee Florida 32308

City/State and Zip Code

jpmkonou@aol.com

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

For further information concerning this matter, please call:

Rudolphe Messan Konou

Name of Person

at ( 850 )

Area Code

294-4084

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2014

RUDOLPHE MESSAN KONOU  
2656 FAIRMOUNT LANE  
TALLAHASSEE, FL 32308

SUBJECT: RMK GEOSPATIAL, LLC  
Ref. Number: W14000048144

We have received your document for RMK GEOSPATIAL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 114A00016893

EFFECTIVE DATE

9/10/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RMK Geospatial, 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:

2656 Fairmount Lane  
Tallahassee Florida 32308

2656 Fairmount Lane  
Tallahassee Florida 32308

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:

Fairmount Lane

Name

2656 Fairmount Lane

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

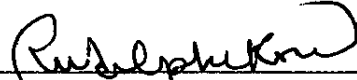
Tallahassee

FL 32308

City

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)

STATE  
TALLAHASSEE  
FLORIDA

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FILED

**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:**

RUDOLPHE MESSAN KONOU

2656 Fairmount Lane

Tallahassee Florida 32308

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: September 10, 2014 (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.

**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. 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.)

RUDOLPHE MESSAN KONOU

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)

14 AUG 13 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED