

W4000153363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

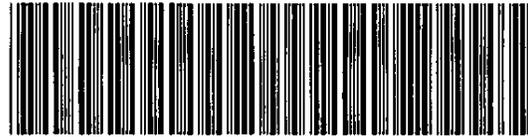
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STATE OF FLORIDA  
DEPARTMENT OF STATE

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OCT 01 2014  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2014

CHIUMENTO SELIS DWYER, PL  
145 CITY PLACE, SUITE 301  
PALM COAST, FL 32164

SUBJECT: RBS INVESTMENTS AT CINNAMON BEACH, LLC  
Ref. Number: W14000055827

We have received your document for RBS INVESTMENTS AT CINNAMON BEACH, LLC and your check(s) totaling \$260.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 014A00019591

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**FOR**  
**RBS INVESTMENTS AT CINNAMON BEACH, LLC**

**Article I**

The name of the Limited Liability Company is RBS INVESTMENTS AT CINNAMON BEACH, LLC.

**Article II**

The street address of the principal office of the Limited Liability Company is:

307 Ocean Crest Drive  
Palm Coast, FL 32137

The mailing address of the principal office of the Limited Liability Company is:

5409 Hunt Camp Road  
Roanoke, VA 24018

**Article III**

The name and address of the Limited Liability Company's registered agent is:

Andrew C. Grant  
Chimento Selis Dwyer, PL  
145 City Place, Suite 301  
Palm Coast, FL 32164

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: \_\_\_\_\_

Andrew C. Grant

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STATE OF FLORIDA  
SECRETARY OF STATE

REQUIRED SIGNATURE:

\_\_\_\_\_  
Signature of a member or an authorized representative of a member.