

L15000025326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

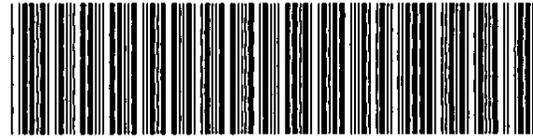
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 FEB 10 AM 9:41

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N. Guffen

FEB 11 2015

**CT Corporation System**

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

**RSC WEST PALM BEACH, LLC**

**\*\*\*\*PLEASE FILE 2nd (after WPB MANAGEMENT, LLC\*\*\*\*)**

**Thank you!**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                           | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit                        |   |   |
| <input type="checkbox"/> Foreign                          | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|   | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership              | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> <b>LLC</b>            | <input type="checkbox"/> Name Registration      |   |
| <b>Formation</b>  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input checked="" type="checkbox"/> <b>Certified Copy</b> | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <b>New Filing</b>   |   |   |
| <input type="checkbox"/> Call When Ready                  | <input type="checkbox"/> Call If Problem        |   |
| <input checked="" type="checkbox"/> Walk In               | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                         |   |   |

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

2/10/2015

**ST**

Order#:  
**9437393**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**CT Corporation System**

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
RSC WEST PALM BEACH, LLC**

**ARTICLE I  
Name**

The name of the Limited Liability Company is **RSC WEST PALM BEACH, LLC** (the "Company").

**ARTICLE II  
Address**

The mailing address and the street address of the principal office of the Company is 4425 Adams Avenue, Miami Beach, Florida 33140.

**ARTICLE III  
Registered Agent**

The name of the Company's registered agent in the State of Florida is Geremy Jordan and the address of the Company's registered office is 4425 Adams Avenue, Miami Beach, Florida 33140.

**ARTICLE IV  
Duration**

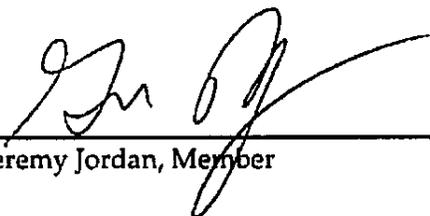
The period of duration for the Company shall be perpetual.

**ARTICLE V  
Management**

The Company is to be a member-managed company and the name and address of the initial member is:

WPB Management, LLC  
4425 Adams Avenue  
Miami Beach, Florida 33140

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as of the 10<sup>th</sup> day of February, 2015.

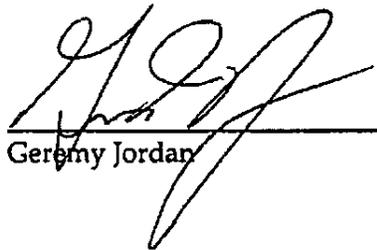
  
\_\_\_\_\_  
Jeremy Jordan, Member

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **RSC WEST PALM BEACH, LLC**
2. The name and address of the registered agent and office is: **Jeremy Jordan, 4425 Adams Avenue, Miami Beach, Florida 33140.**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.*

  
\_\_\_\_\_  
Jeremy Jordan

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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