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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: RPC Trading LLC Name of L	imited Liability Company	
		y	
The enc	losed Articles of Organization and fee(s)	are submitted for filing.	
Please re	eturn all correspondence concerning this	matter to the following:	
	Robert P Cowan	N. CP	
		Name of Person	
	RPC Trading LLC		
		Firm/Company	
	9494 Napoli Lane, Unit 202		
		Address	
	Naples, FL 34113		
		City/State and Zip Code	
bot	ocowanFL@outlook.com E-mail address: (to be us	sed for future annual report notific	ation)
East fresh	ner information concerning this matter, pl	•	
roi iuiu	ter information concerning this matter, pr	ease can:	
Robert	P Cowan at 6	(_414)_303-1528	
	Name of Person	Area Code Daytime Te	lephone Number
Enclosed	d is a check for the following amount:		
\$125.00	_	Deleg on Elling For A	De 160 00 Filing F-2
∟ \$(23,00	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	Street/Courier Add	ress
	Registration Section	Registration Section	•
	Division of Corporations P.O. Box 6327	Division of Corporate Clifton Building	tions
	Tallahassee FI 32314	2661 Executive Cen	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
RPC Trading LLC	
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9494 Napoli Lane Unit 202	9494 Napoli Lane Unit 202
Naples. FL 34113	Naples, FL 34113
another business entity with an active Florida registrate. The name and the Florida street address of the register. Stephanie Cowan Nar 9501 Sea Grape Drive	red agent are:
Florida street address (P.O. B	fox NOT acceptable)
Davie	FL 33324
City	Zip
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	service of process for the above stated limited liability company at sept the appointment as registered agent and agree to act in this ns of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in apter 605, ES

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Dahard D. Carres
AMBR	Robert P Cowan
	9494 Napoli Lane, Unit 202
	Naples, FL 34113
AMADD	Decise A Course
AMBR	Denise A Cowan
	9494 Napoli Lane, Unit 202
	Naples, FL 34113
	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of f If an effective date is listed, the date must be specifiche date of filing.)	filing: <u>04/01/2015</u> . (OPTIONAL) Ic and cannot be more than five business days prior to or 90 days af
ARTICLE VI: Other provisions, if any.	
None REQUIRED SIGNATURE:	
None REQUIRED SIGNATURE:	
None REQUIRED SIGNATURE: Arbeit P. Co	wan
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.02 constitutes an affirmation under the	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State

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)