

MAY. 6. 2015 2:57PM

JONES FOSTER 561 650 0435
Division of Corporations

NO. 3741 P. 1

L1500081579

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-5300

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jfservice@jonesfooster.com

RECEIVED
15 MAY -6 AM 10:00
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
RT FAMILY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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MAY. 6. 2015 2:57PM

JONES FOSTER 561 650 0435

NO. 3741 P. 2

H15000111104 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RT FAMILY, 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:

BRIAN D. KENNEDY, ESQ.

Name of Person

JONES FOSTER JOHNSTON & STUBBS, P.A.

Firm/Company

505 SOUTH FLAGLER DRIVE, SUITE 1100

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

JFSERVICE@JONESFOSTER.COM

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

For further information concerning this matter, please call:

BRIAN D. KENNEDY

Name of Person

at (561) 659-3000

Area Code

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

H15000111104 3

CLERK OF STATE
TALLAHASSEE, FLORIDA

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H15000111104 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RT FAMILY, 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:840 SOUTH OCEAN BOULEVARD
MANALAPAN, FL 33462840 SOUTH OCEAN BOULEVARD
MANALAPAN, FL 33462

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:

JONES FOSTER SERVICE, L.L.C.

Name

505 SOUTH FLAGLER DRIVE, SUITE 1100Florida street address (P.O. Box **NOT** acceptable)WEST PALM BEACHFL 33401

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.

J. K. member
(Registered Agent's Signature (REQUIRED))

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Page 1 of 2

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2015 MAY - 6 PM 4: 58
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TALLAHASSEE FLORIDA

H15000111104 3

MAY. 6. 2015 2:58PM

JONES FOSTER 561 650 0435

NO. 3741 P. 4

H15000111104 3

ARTICLE IV.

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

Name and Address:

RAMYA TRIPURANENI

840 SOUTH OCEAN BOULEVARD

MANALAPAN, FL 33462

AMBR

NIRMALA TRIPURANENI

840 SOUTH OCEAN BOULEVARD

MANALAPAN, FL 33462

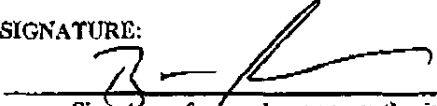
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Brian Kenney

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)

H15000111104 3

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