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| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ac                     | ldress)            |           |
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| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Ви                     | siness Entity Nan  | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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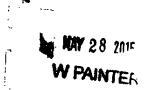
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SECRETARY OF STATE
ALL AMASSEE, FLORIBA



# **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: RICH STREET 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:  |
| DONNA BRUNS  |
| Name of Person   |
| DONNA BRUNS Firm/Company   |
|  |
| 20851 SW 36TH STREET Address   |
| Address  |
| DUNNELLON, FL 34431  City/State and Zip Code   |
| City/State and Zip Code  ARTEL DIANTATION (A) GOMAII (C) (C)   |
| E-mail address: (to be used for future annual report notification) aviel, plantation@Gmail.co  |
| For further information concerning this matter, please call:   |
| DONNA BRUNS at (352) 229-4607  |
| Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy |

# **Mailing Address**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

the offer

CARO

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| RI  | CH STRE  |  | <u></u>                    |
|---|--|--|----------------------------|
| (Must end w   | ith the words "Limited Liabili                             | ty Company, "L.L.C.,"                              | or "LLC.")                 |
| ARTICLE II - Address:<br>The mailing address and street add   | dress of the principal office of                           | the Limited Liability (                            | Company is:                |
| <u>Principal</u>  | Office Address:  |  | Mailing Address:           |
| 20851 SM<br>DUNNELLO  | 36TH STREET<br>N, FL 34431                                 | Po R<br>Dunr                                       | 0X 421<br>nclion, FL 34430 |
| ARTICLE III - Registered Agen<br>(The Limited Liability Company canother business entity with an ac | annot serve as its own Registe tive Florida registration.) | ered Agent. You must o                             |                            |
| The name and the Florida street ad  |  |  |                            |
|   | DONNA  | BRUNS  |                            |
|   | Name   |  |                            |
|   | Storida street address (P.O. I                             | $36^{\text{TH}}$ STY<br>Box <b>NOT</b> acceptable) | ZEET                       |
|   | DUNNELLO   | N FL   | <u> 344</u> 31             |
|   | City St  | tate 2   | Cip                        |

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 MAY 26 PM 3: 05
SECRETARY OF STATE
ALL A MASSEF FISIALE

| Title:<br>"AMBR" = Authorized Member   | Name and Address:  |
|--|--|
| "MGR" = Manager  | 2  |
| MGR  | ARIEL BRUNS  |
|  | CITRUS SPRINGS FL 34484  |
|  | CITRUS SPICINES, PC 3440 T   |
| •  |  |
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