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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 : (215)563-8113 Phone : (215)977-9386 Fax Number

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. **RGK CYPRESS, LLC**

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AUG 2 1 2015

S. GILBERT 1/1

M.E.B 15 AUG 20 AM 7:50 (((H15000201257-3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

۴.

The name of the Limited Liability Company is:

RGK Cypress, 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:

240 Estancia Boulevard 240 Estancia Boulevard Suite 112 Suite 112 Clearwater, Florida 33761 Clearwater, Florida 33761

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:

l	Richard G. Ke	rper
	Name	
240 Est	ancia Bouleva	rd, Suite 112
Florida str	eet address (P.O. Box	NOT acceptable)
Clearwater	Florida	33761
City	State	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.

> Agent's Signature (REQUIRED) Registe) ed

> > (CONTINUED)

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ARTICLE IV-	H15000201257 3)])
The name and address of each person author	rized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Richard G. Kerper
	240 Estancia Boulevard, Suite 112
	Clearwater, Florida 33761
(Use attachment if necessary)	
90 days after the date of filing.)	st be specific and cannot be more than five business days prior to or
Note: If the date inserted in this block does listed as the document's effective date on the	not meet the applicable statutory filing requirements, this date will not be e Department of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	26-
Signature of a methi	ber or in authorized representative of a member.
I am aware that any false	in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

Richard G. Kerper, Authorized Person

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)

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