

L15000174768

(Requestor's Name)

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(Address)

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(Business Entity Name)

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DIVISION OF CORPORATION
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 15 2015

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 822472 7349547

AUTHORIZATION :

Spuddelean

COST LIMIT : \$125.00

ORDER DATE : October 6, 2015

ORDER TIME : 1:21 PM

ORDER NO. : 822472-005

CUSTOMER NO: 7349547

DOMESTIC FILING

NAME: R.S.A. CAPITAL INVESTMNETS,
L.L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R.S.A. CAPITAL INVESTMENTS, L.L.C.
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:

Alan L. Perez

Name of Person

Saunders Law Group

Firm/Company

480 South Broadway Avenue

Address

Bartow, Florida 33830

City/State and Zip Code

marcie@Saunders-law.com

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

For further information concerning this matter, please call:

Alan L. Perez

Name of Person

at (863)

Area Code

533-6200

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee
Certificate of Status

\$130.00 Filing Fee &
Certified Copy

\$155.00 Filing Fee &
Certificate of Status &
(additional copy is enclosed)

\$160.00 Filing Fee,
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R.S.A. CAPITAL INVESTMENTS, L.L.C.

(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:

5375 Luce Road
Lakeland, FL 33813

Mailing Address:

5375 Luce Road
Lakeland, FL 33813

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:

Alan L. Perez

Name

480 South Broadway Avenue

Florida street address (P.O. Box NOT acceptable)

Broadway

City

FL 33830

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.

Alan L. Perez
Registered Agent's Signature (REQUIRED)

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(CONTINUED)

Page 1 of 2

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Lawrence T. Maxwell

5375 Luce Road

Lakeland, FL 33813

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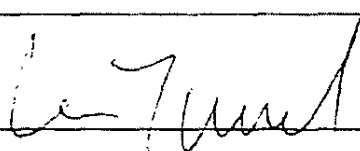
(Use attachment if necessary)

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.)

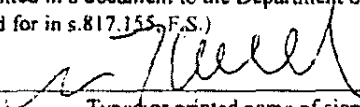
ARTICLE VI: Other provisions, if any.

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.)



Typed or printed name of signer
Lawrence T. Maxwell

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)

Page 2 of 2

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