

L16000029673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

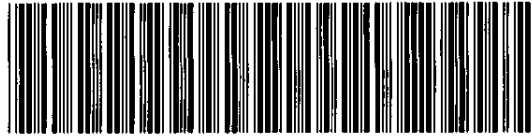
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600282075246

FILED
FEB 12 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/12/16--01008--004 **125.00

RECEIVED
DEPARTMENT OF STATE
16 FEB 12 AM 11:35

FEB 12 2016

T SCHROEDER

Wolters Kluwer

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

--	--	--

RCI MBM, LLC

--	--	--

Thank you!

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
Formation	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

2/12/2016

ST

Order#:
9882436

Ref#: _____

Amount: \$ _____

ARTICLES OF ORGANIZATION
OF
RCI MBM, LLC

1. The name of the limited liability company is RCI MBM, LLC.
2. The mailing address and the street address of the principal office of the limited liability company are 300 Alton Road, Suite 303 Miami Beach, Florida 33139.
3. The name and street address of the initial registered agent of the limited liability company are:

Robert W. Christoph
300 Alton Road, Suite 303
Miami Beach, Florida 33139.
4. The limited liability company shall be managed by its managers. The name and address of the managers of the limited liability company are:

Robert W. Christoph
300 Alton Road, Suite 303
Miami Beach, Florida 33139

Robert W. Christoph, Jr.
300 Alton Road, Suite 303
Miami Beach, Florida 33139.

Dated: February 11, 2016

FILED
16 FEB 12 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

//s// Robert W. Christoph
Robert W. Christoph
Authorized Representative

**ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT**

The undersigned, who has been designated in the foregoing Articles of Organization as registered agent for the limited liability company therein named, hereby agrees that (i) he accepts such appointment as registered agent and will accept service of process for and on behalf of said limited liability company, and (ii) he is familiar with and will comply with any and all laws relating to the complete and proper performance of the duties and obligations of a registered agent of a Florida limited liability company.

Dated: February 11, 2016

//s// Robert W. Christoph
Robert W. Christoph

FILED
16 FEB 12 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA