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A RAMSEY

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: RTCI HOLDINGS 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:
TONNETTE A ALEXANDER
Name of Person
Firm/Company
6790 NW 47th PLACE
Address
FORT LANDERDAIE FL 33319
FORT LANDERDAIE FL 33319  City/State and Zip Code  Talexandere RTCJHoldings. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
To 1
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 Certificate of Status &
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	The state of the s
The name of the Limited Liability Company is:	f the Am Cont
RTCT HOLDINGS IIC	16 FEB 12 PM 3:00
(Must end with the words "Limited Liability Company "L. I. C."	OF "BEBRETARE OF STATE
(Must end with the words "Limited Liability Company, "L.L.C.,"	TATE AHASSEE . I LURIUA
<b>ARTICLE II - Address:</b> The mailing address and street address of the principal office of the Limited Liability Co	
Principal Office Address:	Mailing Address:
FL 33319 FL	NW 47 PL LAUDSEDAIE 33319
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signate (The Limited Liability Company cannot serve as its own Registered Agent. You must deanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
TONNETTE ALEXANDE Name 6790 NW 47 PL	512
Name	
6790 NW 47 PL	
Florida street address (P.O. Box NOT acceptable)	
FORTLANDERDALE TE 3	3319
FORTLANDERDALE TO 3'	ip
Having been named as registered agent and to accept service of process for the above state of a designated in this certificate, I hereby accept the appointment as registered agent and further agree to comply with the provisions of all statutes relating to the proper and complete the function of the proper and complete the function of the proper and complete the function of the provided agent as provided agent a	d agree to act in this capacity. I ete performance of my duties, and I for in Chapter 605, F.S
(CONTINUED)	

Page 1 of 2

	Authorized Member		Name and Address:
"MGR" = M			O
	<u> </u>		KOHAN ALEXANDER
			FOR CAUDELDATE E 33319
	c <b>a</b>		
<u> </u>	3K		TONNETTE ALEXANDER
			FORT LAUDORDAIE DE 333
		,	TOP STOPOLPHIC 12 303
<del></del>		para 1	
		, or "	
	·/••		
(Use attachm	ent if necessary)		
CLE V: Effective date is te of filing.)	re date, if other than the d listed, the date must be	specific and	(OPTIONAL) cannot be more than five business days prior to or 90 day
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ARTICLE IV-

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