

L 16000040800

(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

W16-11310



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02/01/16--01013--020 \*\*125.00

FILED  
16 FEB 29 PM 3:42  
TALLAHASSEE, FLORIDA

MAR 1 2016

S. GILBERT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2016

RUSS S. CONNELL  
1905 NW 137TH TERRACE  
PEMBROKE PINES, FL 33028

SUBJECT: RC HOMES, LLC  
Ref. Number: W16000011310

We have received your document for RC HOMES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is P02000000574 - R & C HOMES, INC..

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 816A00003165

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RC Abode, 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:

Russell S. Connell

Name of Person

Firm/Company

1905 NW 137th Terrace

Address

Pembroke Pines, FL 33028

City/State and Zip Code

russconnell@hotmail.com

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

For further information concerning this matter, please call:

Russ Connell

Name of Person

at 954

Area Code

609-9677

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

★ Payment already made - Previous application rejected due to requested name.

Mailing Address

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

Street Address

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

(RC Homes, LLC)

RECEIVED  
16 FEB 29 PM 3:27  
TALLAHASSEE, FLORIDA  
STATE DIVISION OF CORPORATIONS

February 25, 2016

Hello,

I submitted documentation for a LLC under the name "RC Homes, LLC." after calling and confirming with an agent on the telephone that this name would be acceptable considering other companies with a similar name. It turns out that I was given bad information and my application name was rejected.

Please apply the \$125.00 from my previous check to the new company name (RC Abode, LLC.) as reflected in the enclosed Articles of Organization.

Thank you,

A handwritten signature in black ink, appearing to read "Russell Connell", with a long horizontal flourish extending to the right.

Russell Connell

Cell: 954-609-9677

russconnell@hotmail.com

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RC Abode, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED 16 FEB 29 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1905 NW 137th Terrace  
Pembroke Pines, FL 33028

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:

Russell S. Connell

Name

1905 NW 137th Terrace

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

Pembroke Pines FL 33028

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..

Russell S. Connell

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Russell S. Connell  
1905 NW 137th Terr.  
Pembroke Pines, FL 33028

Russ G. Connell  
6132 N. State Road 7 Apt. 107  
Coconut Creek, FL 33073

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Russell S. Connell  
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)