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(Re	questor's Name)	
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COVER LETTER

	Registration Section Division of Corporations					
	RLJ Professional Services, LLC	•		16 HAY -2		
SUBJEC	Name of Limited Liability Company					
The encl	osed Articles of Organization and fee(s)) are submitted (or filing.	Y-2 ∰ 9:		
Please re	turn all correspondence concerning this	matter to the fo	llowing:	11 is		
	Ronald Jenkins					
		Name of I	Person			
	RLJ Professional Services, LLC					
		Firm/Con	npany			
	3495 Wentworth Circle West					
	Address					
	Jacksonville, Florida 32277					
	rljenkins41@yahoo.com	City/State and	Zip Code			
	E-mail address: (to be u	sed for future ar	nual report notification)			
For further	r information concerning this matter, ple	ease call:		,		
	Ronald Jenkins at	904	860-3616			
	Name of Person	Area Code	Daytime Telephone Number	•		
Enclosed	l is a check for the following amount:					
¥125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	——Certifie	d Copy Certificate I copy is enclosed) Certified C	e of Status &		
	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			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
RLJ Professional Services, LLC	
(Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
The mailing address and street address of the principal office Principal Office Address:	e of the Limited Liability Company is: Mailing Address:
3495 Wentworth Circle West	3495 Wentworth Circle West
Jacksonville, Florida 32277	Jacksonville, Florida 32277

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:

	Name	
3495 Wentworth Cir	cle West	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Jacksonville	Florida	32277

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECULIARY OF STATE

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager Managing Member Ronald Jenkins 3495 Wentworth Circle West Jacksonville, Florida 32277 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as

REOUIRED 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.

Ronald Jenkins

the document's effective date on the Department of State's records.

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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