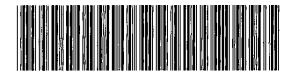
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number) Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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16 JUN 17 MINI: 00

COVER LETTER

TO: R	Registration Section Division of Corporations		
SUBJECT	RCGM,LLC		
SUDJEC		of Limited Liabi	lity Company
The enclos	sed Articles of Organization and fe	e(s) are submitte	d for filing.
Please retu	urn all correspondence concerning	this matter to the	following:
	Ray C Gordon		
		Name o	f Person
	RCGManagement		
		Firm/C	ompany
	P.O.Box 670893		
		Add	ress
	CoralSprings,FL 33067		
	raycgordon@gmail.com	City/State a	nd Zip Code
		e used for future	annual report notification)
For further i	information concerning this matter	, please call:	
	RayGordon	954 at (2031241
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount	1:	
\$125.00 F	Filing Fee \$130.00 Filing Fe Certificate of Sta	tus LLCertif	00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations		Street Address New Filing Section Division of Corporations
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF	ORGANIZATION FOR I	FLORIDA LIMITED L	IABILITY COMPAN	Y
ARTICLE I - Name:				France Company of the
The name of the Limited Liabilit	y Company is:			16 JUN 17 AM II: 00
RCGM, LLC				AU AU ON SELECTION OF AU
(Must end	with the words "Limited	Liability Company,	"L.L.C.," or "LLC."	THE STEED FLORIDA
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	ffice of the Limited L	iability Company is	:
<u>Princips</u>	al Office Address:		Mailing A	ddress:
1168DC/enus	ad DP:UE	P.O.E	3ox 670893	
Coral Springs,FL		Coral	Springs,FL	
33065		3306	7	
The name and the Florida street	RayGordon	Name		-
	11080GlenwoodDri	ve,		_
	Florida street addres	s (P.O. Box NOT acc	ceptable)	
	CoralSprings	FL	33065	·
	City	State	Zip	
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the apporovisions of all statutes re	ointment as registered elating to the proper of as registered agent us	l agent and agree to and complete perforn	act in this capacity. I nance of my duties, and I
		(CONTINUED)		

Page 1 of 2

<u>ïtle:</u>	Name and Address:
AMBR" = Authorized M	ember
MGR" = Manager	B 00 1
AMBR" "MGŘ"	Ray C Gordon
	6700SW18 Court
	North LauderdaleFL 33068
V: Effective date, if othe live date is listed, the da	r than the date of filing:
V: Effective date, if othe tive date is listed, the da filing.) ne date inserted in this blent's effective date on the	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior to or 90 ock does not meet the applicable statutory filing requirements, this date will not be Department of State's records.
tive date is listed, the da filing.) ne date inserted in this bl	r than the date of filing:
V: Effective date, if other tive date is listed, the datifiling.) he date inserted in this blent's effective date on the VI: Other provisions, if a EOUIRED SIGNATURE	r than the date of filing:
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