

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO:	Registration Division of (Section Corporations		
SURJI	CT: RIS.II	INK HAULING LLC		
	301. 131.22.33	Name of Lin	mited Liability Company	
The en	closed Articles	of Organization and fee(s) as	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	SYLVIA	D. DWYER		
			Name of Person	
	RLS JUN	NK HAULING LLC		
			Firm/Company	
	417 VEN	ITURA DRIVE		
			Address	
•	<u>OLDSM</u>	AR, FL 34677	City/State and Zip Code	
S\	/lbrit@vmail.c	om		
		E-mail address: (to be use	d for future annual report notifica	ation)
For fu	ther informatio	n concerning this matter, plea	ase call:	
SYLV	IA D. DWYEF Nar	at (at (at (at (at (at (at (at (at (at (8 13 749 - 6 Area Code Daytime Te	026 lephone Number
Enclos	ed is a check fo	or the following amount:		
Z \$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)

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
RLS JUNK HAULING LLC (Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
417 VENTURA DRIVE OLDSMAR, FL 34677	417 VENTURA DRIVE OLDSMAR, FL 34677
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re SYLVIA D. DWYER	sits own Registered Agent. You must designate an individual or egistration.)
	Name
417 VENTURA DRIVE Florida street address (I	P.O. Box <u>NOT</u> acceptable)
OLDSMAR	FL 34677
City	Zip
the place designated in this certificate, I here capacity. I further agree to comply with the proof my duties, and I am familiar with and accept	accept service of process for the above stated limited liability company at by accept the appointment as registered agent and agree to act in this ovisions of all statutes relating to the proper and complete performance pt the obligations of my position as registered agent as provided for in Chapter 605, F.S Chapter 605, F.S Chapter (REQUIRED)

(CONTINUED)

Page 1 of 2

16 AUG 20 AN 7:28

<u>litle:</u>	Name and Address:
'AMBR" = Authorized Member	
"MGR" = Manager	0,4,4,4,0,0,4,6
MGR	SYLVIA D. DWYER
	417 VENTURA DRIVE OLDSMAR, FL 34677
	OLDSMAR, FL 34077
Use attachment if necessary)	
EV: Effective date, if other than tetive date is listed, the date mus	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or
EV: Effective date, if other than tective date is listed, the date mus	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or
ective date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	Sylvin D, Duy
E V: Effective date, if other than the ctive date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or
E V: Effective date, if other than to ctive date is listed, the date must filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the coordance with secondary.	of member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document
E.V: Effective date, if other than to ctive date is listed, the date must filling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with seconstitutes an affirmatic	of member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the extive date is listed, the date must of filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of the extended of th	of member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the tive date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the date must be constituted and affirmation of the constitutes and affirmation of the constitutes at the degree of the constitutes at the con	of member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. tie information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the ctive date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the constitutes an affirmation of the constitutes at third degree.	of member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. tie information submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)