L1600306120

(Red	questor's Name)	
. (Add	dress)	
(Add	dress)	
	(C) - H'- ID	- 40
(Cit	y/State/Zip/Phone	9#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Costificator	n of Status
Certified Copies	_ Certificates	s or status
Special Instructions to	Eiling Officer	
Special insudctions to	rning Onicei.	

Office Use Only



800287089338

07/05/16--01033--023 **155.00

Jalle 1562 all

SECRETARIAS TIMBS TO THE PROPERTY OF THE PROPE



July 20, 2016

ROBBIE L. WILLIAMS 5351 EDGEWATER DR. ORLANDO, FL 32810

SUBJECT: RGG LLC

Ref. Number: W16000050290

We have received your document for RGG LLC and your check(s) totaling \$155.00. 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 since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P04000053736 (RG&G INC).

Please return 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.

TANYA L HENDERSON Regulatory Specialist II

Letter Number: 616A00015154

CEIVE

COVER LETTER

	·· ·· · · · · · · · · · · · · · · · ·
TO: Registration Section Division of Corporations	
SUBJECT: RGG United Name of Limite	LLC ed Liability Company
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Robbie L.	Williams Name of Person
RGG Unite	d LLC
	Firm/Company
5351 Edge	water Dr.
ORLANDO, FL	Address 32810
	/State and Zip Code
Roguniteauc	D Oral & Corn refuture fanual report notification)
For further information concerning this matter, please ca	all:
Robble L. Williams (49) Name of Person Area	Code Daytime Telephone Number
Enclosed is a check for the following amount:	된 ₁₂ 화
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Scilius & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
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 1 - Name:				
The name of the Limited Liability	/ Company is:			
	G United LU vith the words "Limited Li		and I C Parel I C P	
(Must end v	Ath the words "Limited Li	iability Company	y, "L.L.C., of "LLC.)	
ARTICLE II - Address: The mailing address and street ad	dress of the principal offic	ce of the Limited	Liability Company is:	
Principa	ncipal Office Address: Mailing Add		Mailing Address	į.
5351 Edg	ewater De		5351 Edgewat ORIANDO, FL 32	& Df. \$10
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Re	egistered Agent.		idual or
The name and the Florida street a		-		
	Christof 5351 E	her J	ackson	
	5351 D	dopunite	c DR	
·	Florida street address (I	P.O. Box NOT	acceptable)	
	DRIANDO	FL	32810	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the proam familiar with and accept the obtains	I hereby accept the appoint ovisions of all statutes rela	itment as register ting to the prope	red agent and agree to act in a r and complete performance o	this capacity. I of my duties, and I
	Registere	d Agent's Signa	ture (REQUIRED)	
	((CONTINUED)		
		Page I of 2		THASECULARIES IN P. 19 THASECULARIES IN P. 19 THASECULARIES IN P. 19

Title: "AMBR" = Authorized	Name and Address: Member			
"MGR" = Manager MGR	ROBBIE L. WILLIAMS 5351 Edgewater DR ORLANDO, EL 32910			
mGR	Christopher Jackson 5361 Edgewater DR			
mer	OFLANDO, FL 32510 LUI Me Brown 5351 Edgewater Dr ONLANDO, FL 32810			
-				
(Use attachment if neces	ssary)			
fective date is listed, the of filing.) If the date inserted in this	ther than the date of filing: (OPTIO date must be specific and cannot be more than five business days priblock does not meet the applicable statutory filing requirements, this d	ior to a		-
fective date is listed, the of filing.) If the date inserted in this iment's effective date on	date must be specific and cannot be more than five business days pri block does not meet the applicable statutory filing requirements, this d the Department of State's records.	ior to a		-
fective date is listed, the of filing.) If the date inserted in this iment's effective date on	date must be specific and cannot be more than five business days priblock does not meet the applicable statutory filing requirements, this dathe Department of State's records. If any.	ior to a		-
rective date is listed, the of filing.) If the date inserted in this iment's effective date on LE VI: Other provisions, in the course of the c	date must be specific and cannot be more than five business days priblock does not meet the applicable statutory filing requirements, this dathe Department of State's records. If any.	ior to a	Il not b	-
rective date is listed, the of filing.) If the date inserted in this iment's effective date on LE VI: Other provisions, in the course of the c	block does not meet the applicable statutory filing requirements, this dathe Department of State's records. If any. URE: gnature of a member or an authorized representative of a member cument is executed in accordance with section 605.0203 (1) (b). Floridare that any false information submitted in a document to the Department at third degree felony as provided for in s.817.155, F.S. Republic L. Dillia Arts	ior to a	ll not b	-
fective date is listed, the of filing.) If the date inserted in this ament's effective date on the time. REQUIRED SIGNAT Signal This do I am aw	block does not meet the applicable statutory filing requirements, this dathe Department of State's records. If any. URE: gnature of a member or an authorized representative of a member cument is executed in accordance with section 605.0203 (1) (b). Floridare that any false information submitted in a document to the Department at third degree felony as provided for in s.817.155, F.S.	ior to a	il not b	cua
Tective date is listed, the of filing.) If the date inserted in this ument's effective date on LE VI: Other provisions, in the control of the control of the control of the control of the constitution of the control	block does not meet the applicable statutory filing requirements, this dathe Department of State's records. If any. URE: gnature of a member or an authorized representative of a member cument is executed in accordance with section 605.0203 (1) (b). Floridare that any false information submitted in a document to the Department are third degree felony as provided for in s.817.155, F.S. Robbie L. Dillars Typed or printed name of signee Filing Fees; r Articles of Organization and Designation of Registered Agent	Intervil	ll not b	-

ARTICLE IV-