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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
RF Treasure Coast LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

T. BURCH
NOV 15 2016

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RF Treasure Coast LLC

ARTICLE II - Address:

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

1545 NE Ocean Boulevard, Unit S104
Stuart, Florida 34996

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

William Rouse

Name

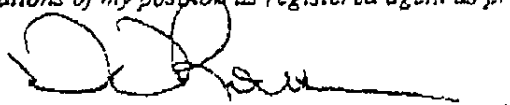
1545 NE Ocean Boulevard, Unit S104

Florida street address (P.O. Box not acceptable)

Stuart, Florida 34996

City, State and 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.



Registered Agent's Signature

Ferraro & Ferraro, CPAs, PA
3601 SE Ocean Boulevard, Ste. 005
Stuart, Florida 34996
772-283-5001

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STATE OF FLORIDA
DEPARTMENT OF REVENUE

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title
"MGRM" - Managing Member

Name and Address:

William Rouse, MGRM
1545 NE Ocean Boulevard
Unit S104
Stuart, Florida 34996

Connie L. Rouse, Member
1545 NE Ocean Boulevard
Unit S104
Stuart, Florida 34996

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REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 Florida Statutes, the execution of the document constitutes an affirmation under penalties of perjury that the facts stated herein are true)

William Rouse

Typed or printed name of signee

Ferraro & Ferraro, CPAs, PA
3601 NE Ocean Boulevard, Suite 005
Stuart, Florida 34996
772-283-5001