## L16000213682

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Busi	ness Entity Nar	me)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

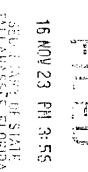




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T. BURCH MOV 2 8 2016

## COVER LETTER

то:	Registration Section Division of Corporations
SUBJEC	Plan Bee Services LLC
SODULA	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	RALPH DESHON
	Name of Person
	Plan Bee Services, LLC
	Firm/Company
	731 HERBERT ST
	Address
	PORT ORANGE, FL 32129
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	RALPH DESHON 386 675-3203 at ( )
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building
	Tallahassee FI 32314 2661 Evecutive Center Circle

Tallahassee, FL 32301



September 19, 2016

RALPH DESON 731 HERBERT ST PORT ORANGE, FL 32129

SUBJECT: RD3 LLC

Ref. Number: W16000064635

We have received your document for RD3 LLC and your check(s) totaling \$180.00. 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.

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.

Letter Number: 216A00020051

Tim Burch Regulatory Specialist III

www.sunbiz.org

## 'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

_					
<u>. I</u>	Plan Bee Services LLC	C 141 T		_	
	(Must end with the words "Limited Liabili	y Company, "L.I	L.C.," or "LLC.")		
	II - Address: address and street address of the principal office of	he Limited Liab	ility Company is:		
	Principal Office Address:		Mailing Address:		
	731 HERBERT ST, PORT ORANGE FL 32129	731 HER	BERT ST, PORT ORANGE, FL	<u>31</u>	
-				<del>-</del> 	
(The Limited another bus	III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register siness entity with an active Florida registration.)  Indeed the Florida street address of the registered agent a	red Agent. You r		16 MOV 23	್ಷಾಪ್ತಾ ಸ್ಥಾಪ್ತ ಸ್ಥಾಪ್ತಾ ಸ್ಥಾಪ್ತಾ ಸ್ಥಾಪ್ತಾ ಸ್ಥಾಪ್ತಾ ಸ್ಥಾಪ್ತಾ
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(The Limited another bus	ed Liability Company cannot serve as its own Register siness entity with an active Florida registration.)  Indeed the Florida street address of the registered agent a	red Agent. You r		3 PH	* *******
(The Limited another bus	ed Liability Company cannot serve as its own Register siness entity with an active Florida registration.)  Independent of the registered agent a RALPH DESHON	red Agent. You r	nust designate an individual of	3 81 2:5	e cassas emesses e e e e e e e e e e e e e e e
(The Limited another bus	d Liability Company cannot serve as its own Register siness entity with an active Florida registration.)  Independent of the Florida street address of the registered agent a RALPH DESHON  Name	red Agent. You r	nust designate an individual of	3 8 2	e cassas emesses e e e e e e e e e e e e e e e
(The Limited another bus	d Liability Company cannot serve as its own Register siness entity with an active Florida registration.)  Independent of the Florida street address of the registered agent a RALPH DESHON  Name  731 HERBERT ST  Florida street address (P.O. 1)	red Agent. You r	nust designate an individual of	3 81 2:5	e cassas emesses e e e e e e e e e e e e e e e

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..

(CONTINUED)

Page 1 of 2

Title: "AMBR" =	Authorized Member	Name and Address:		
"MGR" = N				
**		RALPH DESHON		
	<del></del>	731 HERBERT ST	_	
		PORT ORANGE FL, 32129	_	
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ARTICLE IV-