

L17000250170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

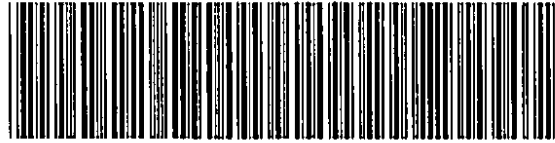
(Business Entity Name)

(Document Number)

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12/06/17

CORPORATE DETAIL RECORD SCREEN

4:56 PM

NUMBER: W17000094547

REJECTED FILING

REJ: 11/28/2017

NAME : RLW, LLC

SUBMIT BY: LISA WAGGONER

ADDRESS : 2664 HOLLEY CLUB DRIVE

NAVARRE, FL 32566

USER ID : KEPAGE

1. MENU

ENTER SELECTION AND CR:

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: RLW1, LLC/W17000094547  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Waggoner

Name of Person

RLW1, LLC

Firm/Company

2644 Holley Club Drive

Address

Navarre, FL 32566

City/State and Zip Code

waggoner97@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Waggoner 404 918-6717  
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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)

\*Paid W17000094547

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 I - Name:

The name of the Limited Liability Company is:

RLW1, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "Li.C.")

## ARTICLE II - Address:

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

Principal Office Address:2644 Holley Club Drive  
Navarre, FL 32566Mailing Address:2644 Holley Club Drive  
Navarre, FL 32566

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Lisa Waggoner

Name

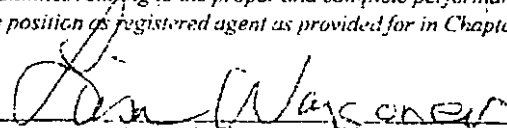
2644 Holley Club DriveFlorida street address (P.O. Box **NOT** acceptable)NavarreFL32566

City

State

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 (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Lisa Waggoner

2644 Holley Club Drive

Navarre, FL 32566

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: November 28, 2017

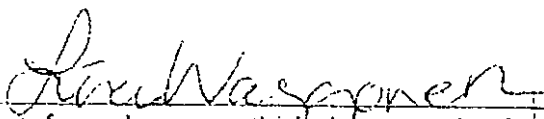
(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lisa Waggoner

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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