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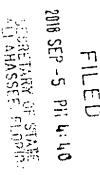
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DIVISION OF THE STATIONS

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COVER LETTER

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TO: New Filing Section Division of Corporations
SUBJECT: Rame of Limited Liability Company Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following: Name of Person
323 % North Macomb Street Vallahassee, Florida 32301 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Rick B. Harris at (B50) 524-5066 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 Compan	ıy is:
RRI	M Boutique LLC 33
(Must contain the wo	ords "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	

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

Principal Office Address:	<u>Mailing Address</u> :
32312 North Macambst	3337 Amber Forn Way
Tallahassee FL 32301	[8](2hassee +1-323X)
Leon	Leon

ARTICLE III - Registered Agent, Registered Office, & 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:

| State | City | State | Zip | Zip | State | Zip | Zip | 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 positionals registered agent as provided for in Chapter 605, F.S.

egistered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
<u> </u>	Kicky B. Harris 3337 Amber Fern Way Tailahassee Florida 32301
MGR_	Malinda T. Harris 3337 Amber Fern Way Tallahasses, Florida 3230
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
the document's effective date on the Departme ARTICLE VI: Other provisions, if any.	nt meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
· · · · · · · · · · · · · · · · · · ·	
This document is exe	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes.
Signature of a This document is exe I am aware that any f	member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b). Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in A.817.155, F.S.