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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC  
Account Number : I20090000001  
Phone : (239) 213-0065  
Fax Number : (239) 213-0698

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

Email Address: bridgeth@advocatetax.com

**FLORIDA LIMITED LIABILITY CO.  
RKS Capital Holdings, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

K PAGE

04/19/2019 FRI 10:33 FAX

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(((H19000129475 3)))

## COVER LETTER

TO: New Filing Section  
Division of CorporationsSUBJECT: RKS Capital Holdings, LLC  
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:

Brigitte Harms

Name of Person

Advocate Consulting Legal Group, PLLC

Firm/Company

1300 N Westshore Blvd, Ste 220

Address

Tampa, FL 33607

City/State and Zip Code

brigitteh@advocatetax.com

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

For further information concerning this matter, please call:

Brigitte Harms

239

213-0066

Name of Person

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)

Mailing AddressNew Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314Street AddressNew Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

(((H19000129475 3)))

04/19/2019 PRI 10:34 FAX

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(((H19000129475 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

RKS Capital Holdings, LLC

(Must contain the words "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:Mailing Address:3159 Wyndham WayMelbourne, FL 329403159 Wyndham WayMelbourne, FL 32940

## 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:

Robert Baron

Name

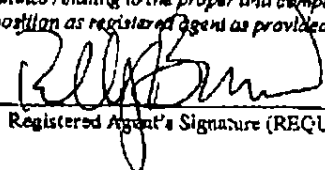
3159 Wyndham WayFlorida street address (P.O. Box ~~NOT~~ acceptable)MelbourneFL32940

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)

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(((H19000129475 3)))

04/19/2019 FRI 10:34 FAX

0004/05

((H19000129475 3)))

**ARTICLE IV-**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager  
MGR

**Name and Address:**

Robert Baron  
3159 Wyndham Way  
Melbourne, FL 32940

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**Notes:** 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.317.155, F.S.

Robert Baron

Typed or printed name of signee

**Filing Fees:**

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

\$ 38.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

((H19000129475 3)))