Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617~6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

rmatt	Address:			

FLORIDA LIMITED LIABILITY CO. RC AG Portfolio I, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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SECRETORING STATE OF STATE OF

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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RC AG Portfolio I, LLC (Must contain the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
LE II - Address:	
iling address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
110 SE 2nd Street, #101	110 SE 2nd Street, #101
Delray Beach, FL 33444	Deiray Beach, FL 33444
110 SE 2nd Street, #101	110 SE 2nd Street, #101

Alexander P. Kedter	arn.	
	Name	
110 SE 2nd Street, #	<i>‡</i> 101	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)
Delray Beach	FL	33444
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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address;
"MGR" = Manager	
MGR	RC AG Portfolio Manager, LLC
	110 SE 2nd Street, #101 Delray Beach, Fl 33444
	
(Use attachment if necessary)	
T T We Defination data if advantage and a	
He v: Enecuve date, if other than the date from the safety is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
e of filing.)	
If the date inserted in this block does not ument's effective date on the Departmer	t meet the applicable statutory filing requirements, this date will not b
•	it of state's records.
LE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	_
	Ox sel-

Filing Fees:

Typed or printed name of signee

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

Alexander P. Redfearn

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)