

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(During Full Mann)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



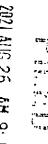


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SECRETARY OF STATE



COVER LETTER

	New Filing Se Division of Co								
2000		LS SERVICES.LLC							
SUBJEC	.1:	Name	of Lim	nited Liabi	lity Company	<u> </u>	-		
The encl	osed Articles of	f Organization and fee	e(s) are	submitte	d for filing.				
Please re	turn all corresp	ondence concerning t	his ma	tter to the	following:				
	RICHARD	S. GRANVILLE							
				Name o	f Person			_	
	RG SKILLS	S SERVICES,LLC							
				Firm/C	ompany			_	
	2081 N.W.	43RD TERRACE.AP	T. 103						
				Add	ress			-	
	LAUDERH	ILL. FL 33313							
			Ci	ty/State a	nd Zip Code		-	_	
	•	ord100@gmail.com						_2	
		E-mail address: (to be	used	for future	annual report notificat	10n)	ZEC OBS	021	
For further	information co	oncerning this matter,	please	call:			REE	,2021 AUG	1 (2007)
	RICHARD S	S.GRANVILLE	754 at (245-1946			26	**************************************
	Nan	ne of Person			Daytime Telephor	e Number	7 (13) (13) (14) (14) (2)	至 9:	, , , , , ,
Enclosed	is a check for t	he following amount:						19	
□\$125.0	0 Filing Fee	■\$130.00 Filing I Certificate of State		Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)			&	
		ng Address			Street Address New Filing Section D	ivision			

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

$ARTICLES\,OFORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:		
RG SKILLS SERVI (Must com	CES.LLC tain the words "Limited L	iability Compan	ny, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limit	ed Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
2081 NW 43RD TEL LAUDERHILL,FL 3			081 NW 43RD TERRACE,APT .103 AUDERHILL,FL 33313
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	r cannot serve as its own active Florida registration	Registered Agen n.) agent are:	nt. You must designate an individual or
	Kita in the second	Name	
	2081 NW 43RD TER Florida street address		
	LAUDERHILL	FL	33313
	City	State	Zip
place designated in this certificate further agree to comply with the pl	. Thereby accept the appo rovisions of all statutes re	intment as regist lating to the proj	the above stated limited liability company at the tered agent and agree to act in this capacity. I per and complete performance of my duties, and at the provided for in Chapter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	RICHARD S. GRANVILLE	
, , , , , , , , , , , , , , , , , , ,	2081 NW 43RD TERRACE, APT, 103	
	LAUDERHILL.FL 33313	
(Use attachment if necessary) LEV: Effective date, if other than the date.	ate of filing: (OPTIONAL)	
TLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.) If the date inserted in this block does no	ate of filing:	
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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)