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	(Requestor's Name)
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PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:





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S. CHATHAM OCT - 6 2022 10/05/22--01001--006 **2650.00

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COVER LETTER

Please return all correspondence concerning this matter to the following: Race Warran Name of Person
Reg Soft Brack Street Name of Person Whitehorst Blackborn & Warren Firm/Company 809 Soft Brack Street Address Thomasult GA 31742
Rence Warren Name of Person Whitehorst Blackborn & Warren Firm/Company 809 South Brack Street Address Thomasult GA 31742
Whitehorst Blackborn & Warren Firm/Company 809 South Brack Street Address Thomasully 64 31792
Thomasully GA 31792
Thomasulle 6A 31792
Thomasville GA 31792 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samantha Freeman at (229) 226 2161 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
—

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A L STEWART F		Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
		the principal office of the Limited Lia	bility Company
Principal Offic	ee Address:	Mailing Address:	
277 Old Boston F	Road	277 Old Boston Road	
Thomasville, GA	. 31792	Thomasville, GA. 31792	
The Limited Liabili business entity with		stered Office, & Registered Agent's n Registered Agent. You must designate an individ	lual or an obser IVISION SECON
The Limited Liabili business entity with	ty Company cannot serve as its ow i an active Florida registration.)	n Registered Agent. You must designate an individ	SECRETA SECRET
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The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	RCA, LLC
	277 Old Boston Road
	Thomasville, GA 31792
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(Use attachment if necessary)	
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LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes. I am awament to the Department of State constitutes a third degree
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	e with section 605.0203 (1) (b). Florida Statutes, I am awarment to the Department of State constitutes a third degree
REQUIRED SIGNATURE: Signature of a member or This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes, I am awa