

L23000174873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

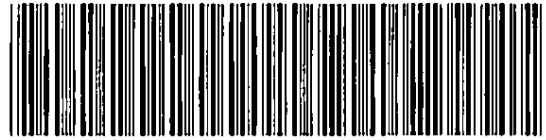
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
APR 17 2023

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2023 APR 11 10:11 AM
SECRETARY OF STATE
04/12/23--01001-001

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OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations

American Expediting (Stealth Courier)

1531 Commonwealth Business Dr Suite 105
Tallahassee, FL. 32303
850-294-5632

Stealth Courier Box

Company: Greenspoon Marder
Requester: Shannon Nance
Order: 14577484

Department of State
Division of Corporations

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: RC36634 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:

Shannon Marie Nance
Name of Person

Greenspoon Marder
Firm/Company

600 Brickell Avenue, Suite 3600
Address

Miami, FL 33131
City/State and Zip Code

Limitedagentsrvcs@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Marie Nance 305 789-2770
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 Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RC36634 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:

839 Alverdez
Clewiston, Florida 33440

411 Lee Boulevard
Lehigh Acres, FL 33936

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:

Limited Agent Services LLC
Name

9304 N. Beechtree Way
Florida street address (P.O. Box **NOT** acceptable)

Crystal River FL 34428
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)

SECRETARY OF STATE

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Rolf Eggers
411 Lee Boulevard
Lehigh Acres, FL 33936

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2023 APR 11 PM 3:34
SECTION 605.0203
FLORIDA DEPARTMENT OF STATE

(Use attachment if necessary)

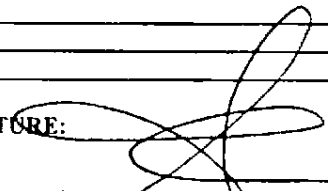
ARTICLE V: Effective date, if other than the date of filing: April 10th, 2023 (OPTIONAL)

(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.)

Note: 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.817.155, F.S.

Lindsay Miller

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)