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To:

Division of Corporations

Fax Number : (859)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : 120030000043

Phone : (890)342-9856 Fax Number : (800)354-3381

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

| Email | Address: | |
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FLORIDA LIMITED LIABILITY CO. RND DEVELOPERS LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I | - Name: |
|-----------|---------|
|-----------|---------|

The name of the Limited Liability Company is:

RND DEVELOPERS 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:

932 FOREST ROAD

SEBRING, FLORIDA 33870

932 FOREST ROAD

SEBRING, FLORIDA 33870

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:

DREW KAUFMAN

Name

4441 SCHUMACHER ROAD

Florida street address (P.O. Box NOT acceptable)

SEBRING

PLORIDA 33870

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..

Drew Kaufman

Registered Agent's Signature (REQUIRED)

(CONTINUED)



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ARTICLE IV-

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

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address: | |
|---|---|--|
| | | |
| AMBR & MGR | DREW E. KAUFMAN 4441 SCHUMACHER ROAD SEBRING, FLORIDA 33872 | |
| AMMR | DOCKY ALL DALLS CONT. POTOMA | |

