

L24000 191115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

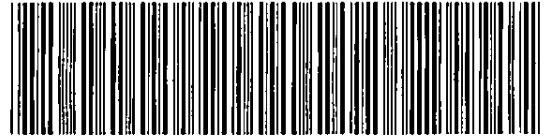
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/29/24--01002--006 **136.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 APR 29 PM 1:47 2024 APR 29 AM 11:06

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K. Brumbley

MS

\$130.00

**CORPORATE
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When you need ACCESS to the world

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WALK IN

PICK UP: 4/29 GLINDA

- ☐ CERTIFIED COPY _____
- ☒ PHOTOCOPY _____
- ☒ CUS _____
- ☒ FILING LLC _____

1. RDB GDG TALLAHASSEE, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

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

SUBJECT: RDB GDG Tallahassee, 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:

Thomas J. Hunt

Name of Person

Johnson Pope Bokor Ruppel & Burns, LLP

Firm/Company

400 N Ashley Dr, Ste 3100

Address

Tampa, FL 33602

City/State and Zip Code

tomh@jpfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas J. Hunt	813	225-2500
_____ Name of Person	_____ Area Code	_____ Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

RDB GDG Tallahassee, 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:

4343 Anchor Plaza Parkway, Suite 1
Tampa, FL 33634

Mailing Address:

4343 Anchor Plaza Parkway, Suite 1
Tampa, FL 33634

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:

Robin Ahlquist

Name

4343 Anchor Plaza Parkway, Suite 1

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

Tampa

FL

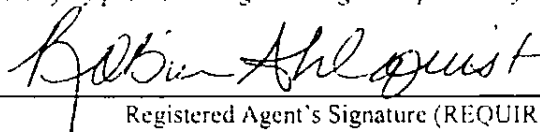
33634

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)

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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

National Safe Harbor Exchanges, Inc.
10 S LaSalle St Ste 3100
Chicago, IL 60603

MGR

Robin Ahlquist
4343 Anchor Plaza Parkway, Suite 1
Tampa, FL 33634

(Use attachment if necessary)

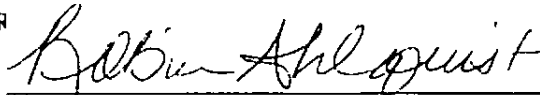
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

James Woodlev, Authorized Representative

Typed or printed name of signer

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)