

24000213618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

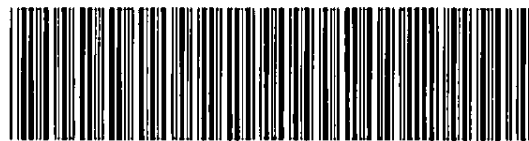
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200427089802

FILED

2024 MAY 13 AM 9:47

CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED

2024 MAY -3 PM 3:33

CLERK OF STATE  
TALLAHASSEE, FLORIDA

CORPORATE  
ACCESS,  
INC.

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 4/10

	CERTIFIED COPY	
XX	PHOTOCOPY	
XX	GS	GS
XX	FILING	LLC

- 1. FRAZER RCBM DEVELOPMENTS, 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 #)

FILED  
2024 MAY 13 AM 9:47  
TALLAHASSEE, FL

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Frazer RCBM Developments, 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:

James Woodley

Name of Person

Investment Property Exchange Services, Inc.

Firm/Company

10 S LaSalle St Ste 3100

Address

Chicago, IL 60603

City/State and Zip Code

james.woodley@ipx1031.com

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

For further information concerning this matter, please call:

James Woodley

480

349-6061

at ( )

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

2024 MAY 13 AM 9:47  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Frazer RCBM Developments, 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:

Rodrick Frazer  
5893 Kini Place  
Kapaa, HI 96746

Rodrick Frazer  
5893 Kini Place  
Kapaa, HI 96746

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:

Insight Accounting LLC

Name

1200 S Highland Ave, Suite B

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

Clearwater

FL

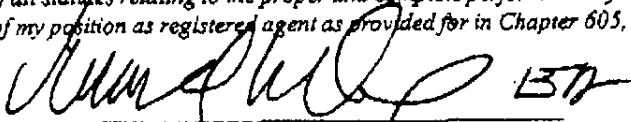
33756

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)

2024 MAY 13 AM 9:47  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

**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

AMBR

National Safe Harbor Exchanges, Inc.

10 S LaSalle St Ste 3100

Chicago, IL 60603, US

MGR

Rodrick Frazer

5893 Kini Place

Kapaa, HI 96746, US

(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 Woodley

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)

DEPARTMENT OF STATE  
TALLAHASSEE, FL

2024 MAY 13 AM 9:47

FILED