

LR40002597 28

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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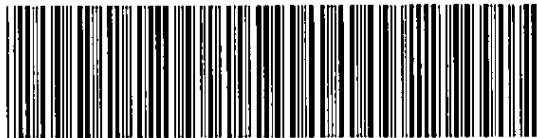
(Business Entity Name)

(Document Number)

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SUBJECT: OFFICE OF STATE
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DATE: 06/11/24

NAME: RMTB LLC

TYPE OF FILING: ARTICLES

COST: 125.00

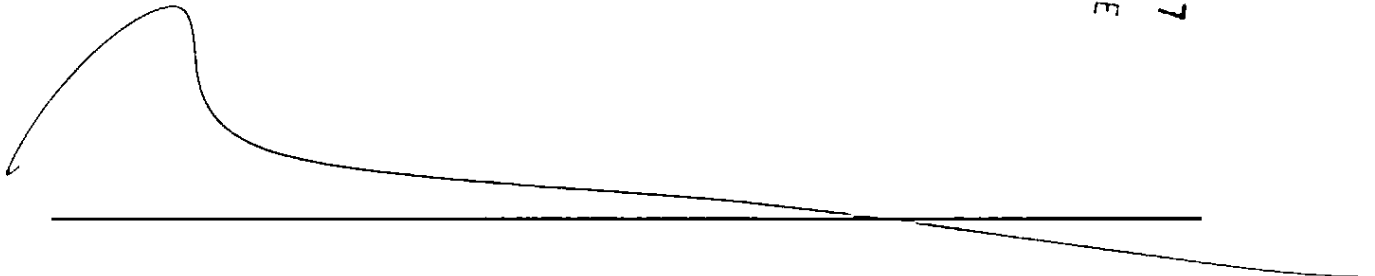
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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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CLERK OF COURT
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RMTB 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:

601 S Harbour Island Blvd Suite 109
Tampa, FL 33602

601 S Harbour Island Blvd Suite 109
Tampa, FL 33602

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.)

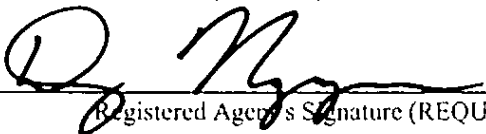
The name and the Florida street address of the registered agent are:

First Corporate Solutions, Inc.
Name

155 Office Plaza Drive
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301
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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SECRETARY OF STATE
TALLAHASSEE, FL

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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 _____

Riley Mudd
601 S Harbour Island Blvd, Ste 109, Tampa FL 33602

AMBR _____

John Thompson Douglass
601 S Harbour Island Blvd, Ste 109, Tampa FL 33602

MGR _____

John Thompson Douglass
601 S Harbour Island Blvd, Ste 109, Tampa FL 33602

(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:

John T Douglass

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.

John Thompson Douglass

Typed or printed name of signee

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STATE DEPARTMENT OF STATE
TALLAHASSEE, FL

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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent