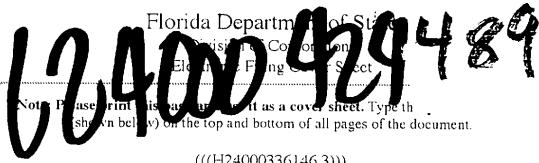
10/4/24, 11-51 AM

Division of Corporations



(((H240003361463)))



H240003361463ABCS

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To:

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Fax Number : (850)617-6381

From:

Account Name : PERMITTING SPECIALIST FL

Account Number : I20240000084 : (239)850-9451 Phone Fax Number : (239)268-6101

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

Email Address:______

FLORIDA LIMITED LIABILITY CO.

RSBB LLC

Certificate of Status	0
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Tallahassee, FL 32314

COVER LETTER

TO:	New Filing Sec Division of Cor						
SUBJE	RSBB LLC						
1901871		Name of L	mited Liabil	ity Company			
The en	closed Articles of	Organization and fee(s) a	are submitted	for filing.			
Please	return all correspo	ndence concerning this r	natter to the	following:			
	KEITH LON	G					
			Name of	Person			
	PERMITTIN	G SPECIALIST FL.LLC	:				
			Firm/Co	ompany			
i '	1306 SE 46TH LN. STE 1						
			Addı	ess .			
	CAPE CORA	AL, FL 33904					
	KEITH@PSF		City/State ar	ıd Zip Cod e			
		E-mail address: (to be use	d for future :	annual report notificati	ion)		
For furth	ier information coi	ncerning this matter, plea	se call.				
	KEITH LON	G	239	850-9451 _) Daytime Telephon			
	Nam		Area Code	Daytime Telephon	e Number		
Enclose	ed is a check for th	ne following amount					
≡ \$125	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy at copy is enclosed)	☐\$160 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	New Fi Divisio	g Address ling Section in of Corporations ox 6327		Street Address New Filing Section Di The Centre of Tallah; 2415 N. Monroe Street	assec 😅		

Tallahassee, FL 32303

ARTK.LES O	F ORGANIZATION FOR I	FLORIDA LIMITED	LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liabil	цу Сотрату is			
RSBB LLC	tain the words "Limited I	Lightlite Company	*! C " or "! C ")	
(NIUSI COR	admine words Linuica	cuminy company.	Little Con DEX.	
ARTICLE II - Address: The mailing address and street a	address of the principal o	ffice of the Limited	Liability Company is:	
Princi	oal Office Address:		Mailing Addre	24 :
5375 HIBISCUS DI	RIVE	2590	14TH ST NORTH	
NAPLES, FL 34113			PLES, FL 34103	
The name and the Florida street	TODD M BROOKS	i agent are:		
		Name		
	2590 14TH ST NOR	TH		
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)	
	NAPLES	FL.	34103	
	City	State	Zip	
Casing been named as registered clace designated in this certificate turther agree to comply with the p ain familiar with and accept the o	e. I hereby accept the app provisions of all statutes ri	comment as register classing to the proper	ed agent and agree to act t r und complete performanc	n this capacity: [e of my duties, and [

(CONTINUED)

p.4

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)

-Oct Market