L24000456054

(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

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2024 OCT 29 PM 3:05

TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.
1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 10/29/2024 **PRIORITY** Regular Approval **OUR REF # (Order ID#)** 1305924

ORDER ENTITY
RTCHS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
RTCHS LLC (FL)

New LLC filing

NOTES:
$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: [illegible]

Name of Limited Liability Company

[illegible] are submitted for filing

Please return all correspondence concerning this matter to the following:

[illegible] Marcus

Name of Person

[illegible]

Firm/Company

[illegible] W. Prospect R[illegible]

Address

Fort Lauderdale, FL [illegible]

City/State and Zip Code

[illegible]

[illegible] used for future annual report notification

For further information concerning this matter, please call:

K[illegible] Prosser at (954) 892-9468

Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- $[illegible] Filing Fee
- $[illegible] 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
[illegible]
[illegible]

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:

RCHS 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:**
1235 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301	1235 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301

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:

Joel Marcus
Name

[illegible] Prospect Road
Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale, Florida, [illegible] 33309
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 laws 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)

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	
MGRM	LPL FAMILY LIMITED PARTNERSHIP 1235 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301
AMBR	Leone Padula 1235 EAST LAS OLAS BOULEVARD FORT LAUDERDALE, FL 33301

(Attach additional sheets 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)

Real Estate Investment

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.

Leone Padula, MGR of LP Family Partnership
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)