

L950000000849

J. DAVID POBJECKY, P.A.

788 AVENUE C SW

P.O. DRAWER 7323

WINTER HAVEN, FLORIDA 33883-7323

J. DAVID POBJECKY
BOARD CERTIFIED TAX LAWYER
ALSO LICENSED IN TEXAS

AREA CODE 941
PHONE 294-0602
FAX ON REQUEST

October 31, 1995

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

400001631004
-11/07/95--01072--002
****337.50 ****337.50

Re: R. T. Investments, L.C.

Dear Sir:

Enclosed please find original and one copy of Articles of Organization of R. T. Investments, L.C., together with a check in the amount of \$337.50 to cover the filing fees. Please return a certified copy of the Articles of Organization to our office.

Thank you for your assistance.

Sincerely,

Sandy Grubbs
Secretary to
J. David Pobjecky

/sg
Enclosures

FILED
95 NOV -6 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SAS
11/7/95

**ARTICLES OF ORGANIZATION
OF
R. T. INVESTMENTS, L.C.**

FILED
95 NOV -6 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE, the undersigned, do hereby certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and communities of limited liability companies for profit. We further declare that the following Articles shall be the charter and authority for the conduct of business of said limited liability company.

ARTICLE I

NAME

The name of this limited liability company shall be R. T. INVESTMENTS, L.C., and its principal place of business shall be in the City of Haines City, County of Polk, State of Florida, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

ARTICLE II

PURPOSES AND POWERS

The general nature of the business or businesses to be transacted in which the limited liability company is authorized to transact, in addition to those authorized by the laws of the State of Florida and the powers of said limited liability company, shall be as follows:

1. To engage in any activity or business authorized under the Florida Statutes.
2. In general, to carry on any and all incidental business; to have and exercise all the powers conferred by the laws of the State of Florida, and to do any and all things hereinbefore set forth to the same extent as a natural person might or could do.

3. To purchase or otherwise acquire, undertake, carry on, improve, or develop, all or any of the business, good will, rights, assets, and liabilities of any person, firm, association, or corporation carrying on any kind of business of a similar nature to that which this limited liability company is authorized to carry on, pursuant to provisions of this certificate; and to hold, utilize, or in any manner dispose of the rights and property so acquired.

4. To enter into and make all necessary contracts for its business with any person, entity, partnership, association, corporation, domestic or foreign, or of any domestic or foreign state, government, or governmental authority, or of any political or administrative subdivision, or department thereof, and to perform and carry out, assign, cancel, and rescind any of such contracts.

5. To exercise all or any of the limited liability company powers, and to carry out all or any of the purposes, enumerated herein otherwise granted or permitted by law, while acting as agent, nominee, or attorney-in-fact for any persons or corporations, and perform any service under contract or otherwise for any corporation, joint stock company, association, partnership, firm, syndicate, individual, or other entity, and in such capacity or under such arrangement to develop, improve, stabilize, strengthen, or extend the property and commercial interest thereof, and to aid, assist, or participate in any lawful enterprises in connection therewith or incidental to such agency, representation, or service, and to render any other service or assistance insofar as it lawfully may under the laws of the State of Florida, providing for the formation, rights, privileges, and communities of limited liability companies for profit.

6. To do everything necessary, proper, advisable, or convenient for the accomplishment of any of the purposes, or the attainment of any of the objects, or the

furtherance of any of the powers herein set forth, either alone or in association with others incidental or pertaining to, or going out of, or connected with its business or powers, provided the same shall not be inconsistent with the laws of the State of Florida.

7. The several clauses contained in this statement of the general nature of the business or businesses to be transacted shall be construed as both purposes and powers of this limited liability company, and statements contained in each clause shall, except as otherwise expressed, be in no wise limited or restricted by reference to or inference from the terms of any other clause. They shall be regarded as independent purposes and powers.

Nothing herein contained shall be deemed or construed as authorizing or permitting, or purporting to authorize or permit the limited liability company to carry on any business, exercise any power, or do any act which a limited liability company may not, under the laws of the State of Florida, lawfully carry on, exercise, or do.

ARTICLE III

CAPITAL CONTRIBUTIONS

Capital contributions in the amount of \$100.00 and other valuable consideration shall be paid to the limited liability company by the two members in each shares. Additional contributions will be made as required for investment purposes, as determined by unanimous consent of the members. Members will make contributions in equal shares.

ARTICLE IV

LIMITED LIABILITY COMPANY POWERS

All limited liability company powers shall be exercise by or under the authority of, and the business and affairs of this limited liability company shall be managed under the directions of, the members of this limited liability company. This article may be amended

from time to time in the regulations of the limited liability company by a unanimous vote of the members of the limited liability company.

ARTICLE V

EXISTENCE

This limited liability company shall exist until October 31, 2025, or until dissolved in a manner provided by law, or as provided in the Regulations adopted by the members.

ARTICLE VI

PRINCIPAL PLACE OF BUSINESS

The principal office of this limited liability company shall be located in the City of Haines City, County of Polk, State of Florida, and the post office address of said principal office of the limited liability company shall be 63 Pine Forest Drive, Haines City, Florida 33844.

ARTICLE VII

MEMBERS

Management of this limited liability company is reserved to its members:

Ralph Richardson

63 Pine Forest Drive
Haines City, Florida 33844

Bobby Talarico

400 Nancy Drive
Haines City, Florida 33844

ARTICLE VIII

INITIAL REGISTERED OFFICE

The street address of the initial registered office is 63 Pine Forest Drive, Haines City,

Florida 33844, and the name of the initial registered agent at that office is Ralph Richardson.

ARTICLE IX

RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by unanimous consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

A member's interest in the limited liability company may not be sold or otherwise transferred except with unanimous written consent of the members.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Company, the remaining members shall have the right to continue the business upon unanimous consent of such remaining members.


ARTICLE X

WE, the undersigned, being the original members of the foregoing limited liability company, do hereby certify that the foregoing constitutes the proposed Articles of Organization of R. T. INVESTMENTS, L.C.

WITNESS our hands and seals this 31st day of October, 1995.



RALPH RICHARDSON



BOBBY TALARICO

STATE OF FLORIDA
COUNTY OF POLK

I HEREBY CERTIFY that on this 31st day of October, 1995, before me personally came RALPH RICHARDSON and BOBBY TALARICO, to me known to be the individuals described in and who executed the within and foregoing Articles of Organization, and they acknowledged before me that they executed the same for the purposes therein expressed.

WITNESS my hand and official seal at Winter Haven, Florida, the day and year last above written.

Sandra N. Grubbs
Sandra N. Grubbs, Notary Public
P.O. Drawer 7323
Winter Haven, FL 33883-7323



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF §608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

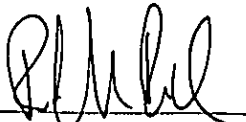
1. The name of the limited liability company is:

R. T. INVESTMENTS, L.C.

2. The name and address of the registered agent and office is:

Ralph Richardson
63 Pine Forest Drive
Haines City, Florida 33844

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.



(Signature)

October 31, 1995
(Date)

FILED
95 NOV -6 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of R. T. INVESTMENTS, L.C., deposes and says:

1. The above named limited liability company has at least two members.
2. The total amount of cash contributed by the members is \$200.00.
3. If any, the agreed value of property other than cash contributed by members is \$ N/A.
4. The total amount of cash or property anticipated to be contributed by members is \$200.00. This total includes amounts from 2 and 3 above.

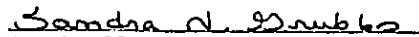


RALPH RICHARDSON, Member

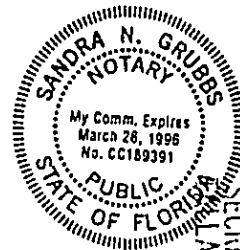
(in accordance with §608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

State of Florida
County of Polk

Before me the undersigned authority, this 31st day October, 1995, personally appeared **RALPH RICHARDSON**, to me personally known, and who did not take an oath, and stated that he executed the above statement for the purposes stated therein.


Sandra N. Grubbs, Notary Public
P.O. Drawer 7323
Winter Haven, FL 33883-7323

My Commission expires:





SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 NOV -6 PM 3:04

FILED

FILE NOW: Fee after May 1, will be \$263.75

29750

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 238.75		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company R.T. INVESTMENTS, L.C. 63 PINE FOREST DR. HAINES CITY FL 33844		DOCUMENT # L95000000849	
1a. Principal Place of Business Address 63 PINE FOREST DR. HAINES CITY FL 33844		1a. Principal Place of Business Address 63 PINE FOREST DR. HAINES CITY FL 33844	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address P.O. Box 1284 Suite, Apt. #, etc. City & State HAINES CITY, FL Zip 33845	
3. Date Organized or Qualified 11/06/1995		3a. State of Formation FL	
4. FEI Number (4-25-96 Phone) 59-3374245		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent RICHARDSON, RALPH 63 PINE FOREST DR. HAINES CITY FL 33844		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 900001813879 05/08/95 01091-003 FL 247.50 ***247.50	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE		DATE	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	RICHARDSON, RALPH	63 PINE FOREST DR. P.O. Box 1284	HAINES CITY FL 33845
MEM	TALARICO, BOBBY	400 NANCY DR.	HAINES CITY FL
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		4-24-96	

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

425-96 Phone
59-3374245

1 Name of applicant (Legal name) (See instructions.)

2 Trade name of business, if different from name in line 1

R.T. INVESTMENTS L.C.

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

P.O. Box 1284 63 Pine Forest Dr.

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code

HAINES CITY FLA 33845

5b City, state, and ZIP code

6 County and state where principal business is located

Polk, Florida

7 Name of principal officer, general partner, grantor, owner, or trustee - SSN required (See instructions.)

RALPH RICHARDSON

264-64-4581

8a Type of entity (Check only one box.) (See instructions.)

☐ Sole Proprietor (SSN)

☐ REMIC

☐ State/local government

☐ Other nonprofit organization (specify)

☐ Other (specify)

☐ Personal service corp.

☐ National guard

☐ Estate (SSN of decedent)

☐ Plan administrator-SSN

☐ Other corporation (specify)

☐ Federal government/military

☐ Trust

☒ Partnership **L.C.**

☐ Farmers' cooperative

☐ Church or church controlled organization

(enter GEN if applicable)

8b If a corporation, name the state or foreign country
(If applicable) where incorporated

State

Foreign country

9 Reason for applying (Check only one box.)

☒ Started new business (specify) **Partnership L.C.**

☐ Hired employees

☐ Created a pension plan (specify type)

☐ Banking purpose (specify)

☐ Changed type of organization (specify)

☐ Purchased going business

☐ Created a trust (specify)

☐ Other (specify)

10 Date business started or acquired (Mo., day, year) (See instructions.)

Nov. 6, 1996

11 Enter closing month of accounting year. (See instructions.)

DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) **N/A**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural

Agricultural

Household

0

0

0

14 Principal activity (See instructions.)

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used

☐ Yes

☒ No

16 To whom are most of the products or services sold? Please check the appropriate box.

☐ Public (retail)

☐ Other (specify)

☐ Business (wholesale)

☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business?

☐ Yes

☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name

Trade name

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number

(include area code) **941-422-5792**

Name and title (Please type or print clearly.)

RALPH RICHARDSON

941-956-3040

Signature

Date **4-15-96**

Note: Do not write below this line. For official use only.

Please leave blank

Geo.

Ind.

Class

Size

Reason for applying