L99000001956

March 11, 1999

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL. 32314

00789 - 03544 - 0007Dear Sirs: 1190 - 12838

Enclosed are the articles of organization for the Florida Limited Liability Company named RAB, L.L.C., a Certificate of Designation of Registered Agent/Registered Office and a check for \$346.25 to cover the filing fee, designation of registered agent, certified copy and certificate of status.

Sincerely,

Robert A. Bourke 6100 94th Ave. North Pinellas Park, FL. 33782

Pinellas Park, FL. 33782 Daytime: 813-348-7840 Evening: 727-544-7185 FAX: 727-545-1636 200002807862---2 -03/16/99--01069--006 ****346.25 ****346.25

Name Availability

Document Examiner

Updater

Updater Verifyer

Acknowledgement

w. P. Verifyer

SECRETARY OF STATE

DIVISION OF CORPORATIONS

99 APR -7 ANII: 30



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 22, 1999

ROBERT A. BOURKE 6100 94TH AVE. NORTH PINELLAS PARK, FL 33782

SUBJECT: RAB, L.L.C.

Ref. Number: W99000006838

We have received your document for RAB, L.L.C. and your check(s) totaling \$346.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 899A00014046

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Resource Advisory Business, L.L.C.

ARTICLE II - Address:

The mailing address and street of the principal office of the Limited Liability Company is:

6100 94th Avenue North Pinellas Park, FL. 33782

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual, unless sooner dissolved by a two-thirds majority of the members, each voting according to their proportionate ownership interest or as provided by law.

ARTICLE IV - Management: (Check the appropriate box and complete the statement)

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:
- ☑ The Limited Liability Company is to managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Robert A. Bourke 6100 94th Avenue North Pinellas Park, FL. 33782

The management of this limited liability company is by its members acting as a Board of Members, each voting according to their proportionate ownership interest.

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Additional members may be admitted to this limited liability company based on a vote of the entire membership as of the date of the proposed vote upon such terms as are provided for in the Operating Agreement.

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SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The remaining members of the limited liability company shall have the right to continue the limited liability company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company. Such continuation will be determined by consent of a two-thirds majority of the voting members in accordance with their ownership interest.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of $\underline{Resource\ Advisory\ Business}$, L.L.C., certifies:

1)	the above named limited liabil	ity company has at least one member;

2) the total amount of cash contributed by the member(s) is

3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.); and

the total amount of cash and property contributed and anticipated to be contributed member(s) is \$2,500.

\$ 2,500;

\$ 0;

Signature of a member or an authorized representative of a member.

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

Typed or printed name of signee

Robert A Bowke

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

2.			
	2. The name and the Florida street address of the registered agent are:		
	Robert A. Bourke		
	Name		
	6100 94th Avenue North		
	Florida street address (P.O. Box NOT ACCEPTABLE)		
	Pinellas Park, FL. 33782 CITY, STATE, AND ZIP		
lial age to t	wing been named as registered agent and to accept service of process for the above stated limited bility company at the place designated in this certificate, I hereby accept the appointment as registered and agree to act in this capacity. I further agree to comply with the provisions of all statues relating the proper and complete performance of my duties, and I am familiar with and accept the obligations of position as registered agent.		

SIGNATURE