

L23000023174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

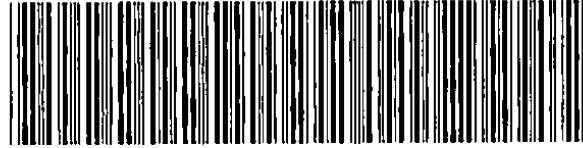
(Business Entity Name)

(Document Number)

ied Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
JAN 20 2023

SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 20 2023

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

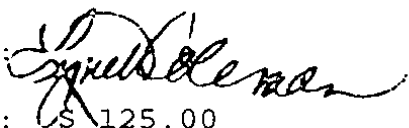
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 388516 4313323

AUTHORIZATION :

COST LIMIT : \$125.00



ORDER DATE : January 20, 2023

ORDER TIME : 2:09 PM

ORDER NO. : 388516-010

CUSTOMER NO: 4313323

DOMESTIC FILING

NAME: RCA AQUILA LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: RCA Aquila LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles M. LeSchack
Name of Person
CUMMINGS & LOCKWOOD LLC
Firm/Company
Six Landmark Square, 9th Floor
Address
Stamford, CT 06901
City/State and Zip Code
cleschack@cl-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles M. LeSchack at (203) 351-4418
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 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
P.O. Box 6327
Tallahassee, FL 32314

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:

name of the Limited Liability Company is:

RCA Aquila LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

c/o John R. Musicaro, Jr., Esq.
Cummings & Lockwood, 8000 Health Ctr Blvd.
Bonita Springs, FL 34135

Mailing Address:

c/o John R. Musicaro, Jr., Esq.
Cummings & Lockwood, 8000 Health Ctr B
Bonita Springs, FL 34135

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

A Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)

Name and the Florida street address of the registered agent are:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301
City State Zip

I, _____, being named as registered agent and to accept service of process for the above stated limited liability company at the address 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.

Corporation Service Company
By Eylema Bahar
Assistant Vice President
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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Patrick Costello
128 West 8th Street
Bayonne, NJ 07002

DIVISION OF REVENUE
JAN 20 PM 4:16

(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:



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 R. Musicaro, Jr.

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)