

Florida Department of State  
 Division of Corporations  
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**To:**  
 Division of Corporations  
 Fax Number : (850)205-0383

**From:**  
 Account Name : C T CORPORATION SYSTEM  
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 DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

RSSJ Associates, L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RSSJ Associates, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

2935 Upper Park Road  
Orlando, Florida 32814

**Mailing Address:**

c/o RJD, BDO Seidman, LLP  
1700 Market Street, 29th floor  
Philadelphia, PA 19103

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

The name and the Florida street address of the registered agent are:

CT Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box **NOT** acceptable)  
Plantation, Florida 33324  
City, State, and 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 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 608, F.S.*

CT Corporation System  
*Connie Bryan*  
Registered Agent's Signature

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(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Shashi A. Gupta Irrevocable Trust  
2935 Upper Park Road  
Orlando, FL 32814

MGRM

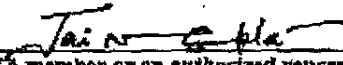
Jai N. Gupta Revocable Trust  
1173 Dolley Madison Boulevard  
McLean, VA 22101

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(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



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

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

Jai N. Gupta Revocable Trust, by: Jai N. Gupta Trustee

Typed or printed name of signer

**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)