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**Rawson Coleman**

12094 Hammock Oaks Drive  
Jacksonville, FL 32223

Voice or fax (904) 379-7201  
E-mail rawsonb@yahoo.com

**MJH**

January 28, 2001

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32314

400003602504--3  
-01/30/01--01105--013  
\*\*\*\*160.00 \*\*\*\*160.00

Dear Sir or Madam:

Attached are the Articles of Organization for RCMG, L.L.C. and my check for \$160 to cover filing fee, Designation of Registered Agent, Certified Copy and Certificate of Status.

Thank you for your assistance in this matter.

Sincerely,

  
Rawson Coleman

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: RCMG, LLC.

**ARTICLE II - Address:**

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

12094 Hammock Oaks Dr.  
Jacksonville, FL 32223

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

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

RAWSON B. COLEMAN  
Name  
12094 HAMMOCK OAKS DR  
Florida street address (P.O. Box NOT acceptable)  
JACKSONVILLE FL 32223  
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..*

*Rawson B. Coleman*  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

*Rawson B. Coleman*  
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.)

RAWSON B. COLEMAN  
Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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