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Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : HUBCO
Account Number : 104662003400
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

RGM LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$130.00 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **RGM LLC**

ARTICLE II - Address

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

**707 VIRGINIA STREET - SUITE 1700
CHARLESTON, WV 25301**

ARTICLE III - Registered Agent, Registered Office & Registered Agent's signature

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

UCC FILING & SEARCH SERVICES, INC.

Name

526 E. PARK AVENUE

(P.O. Box or Mail Drop Box **NOT** Acceptable)

TALLAHASSEE, FLORIDA 32301

(City / State / 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.

Ed Hand President

Registered Agent's Signature - ED HAND - PRESIDENT

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

Charles O. Lorensen

Signature of a member or 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.)

Charles O. Lorensen

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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