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

To:

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 (305) 634-3694 Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

R FUTURES IV PRIVATE EQUITY FUND, L.L.C.

Certificate of Status	0
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# ARTICLES OF ORGANIZATION

OF

# R FUTURES IV PRIVATE EQUITY FUND, L.L.C.

The undersigned incorporator/organizer to these Articles of Organization, a ratural person competent to contract, does hereby form a Limited Liability Company under the laws of the State of Florida.

## ARTICLE I

#### LIMITED LIABILITY COMPANY NAME

The name of the Limited Liability Company is R FUTURES IV PRIVATE EQUITY FUND, L.L.C.

#### ARTICLE !!

### **ADDRESS**

The initial mailing and street address of the principal office of this Limited Liability Company is 6161 North Via Venetia, Delray Beach, Florida 33484.

# **ARTICLE III**

### REGISTERED OFFICE & REGISTERED AGENT

The name and street address of the Limited Liability Company's initial registered agent is Laurie Bolch Schrier, Esquire, Laurie Bolch, P.A., 2280 North Dixie Highway, Boca Raton, Florida 33431.

### **ARTICLE IV**

# MANAGER-MANAGED COMPANY

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

Date: 1203

le Balch Schrier, Esquire

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# ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

IN COMPLIANCE WITH SECTION 608.407, FLORIDA STATUTES, FOLLOWING IS SUBMITTED:
FIRST R FUTURES IV PRIVATE EQUITY FUND, L.L.C., DESIRING TO ORGANIZE (name of Limited Liability Company)
OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS
PRINCIPAL PLACE OF BUSINESS AS CITY OF DELRAY BEACH (city)
STATE OF <u>FLORIDA</u> , HAS NAMED <u>LAURIE BOLCH SCHRIER</u> , ESQUIRE, (state) (name of registered agent)
LOCATED AT 2260 NORTH DIXIE HIGHWAY (street address) (post office boxes are not acceptable)
CITY OF BOCA RATON, STATE OF FLORIDA, AS ITS AGENT TO
ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY STATE THAT I AM FAMILIAR WITH, AND ACCEPT THE OBLIGATIONS OF THIS POSITION 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 OF THE FLORIDA STATUTES.  SIGNATURE:  CREGISTERED AGENT)  DATE:  DATE:  DATE:  DATE:  DATE:  DATE:  DATE:  DATE:  DESCRIPTION:  REGISTERED AGENT)

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