# L030 00019616 Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : RMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 03 JUN -2 AM 7: 33
JIVISION OF CORPORATION

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# LIMITED LIABILITY COMPANY

FRM-WM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

W2-13



# 03000204764

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

### FRM-WM, LLC

ARTICLE II - Address:

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

676 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309

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

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

FRANCIS R. MARGAGLIONE 676 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309

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..

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 of an effective date is requested)

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

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

FRANCIS & MARGAGLIONES
Typed or printed name of signee

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