

L04000002015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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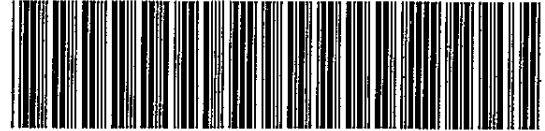
(Business Entity Name)

(Document Number)

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L04-2015

LLC  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JAN -2 AM 11:59

## KOCHMAN & BRAUN PLC

Ronald S. Kochman  
Also admitted in New York

Keith B. Braun  
Also admitted in Michigan

Maura A. Ziska

Esperanté  
222 Lakeview Avenue, Suite 950  
West Palm Beach, Florida 33401

Telephone: (561) 802-8960  
Facsimile: (561) 802-8995

December 31, 2003

Registration Section  
Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

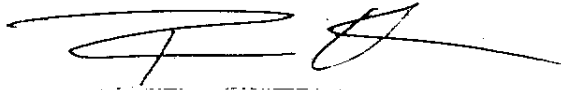
Re: RMJ LLC

Dear Sir/Madam:

Enclosed, for filing, is an original and one (1) copy of the Articles of Organization for RMJ LLC. Also enclosed is our check in the amount of \$155.00, which sum represents the filing and certified copy fees.

If you have any questions, please call me.

Sincerely,



Ronald S. Kochman

RSK/dw  
Enclosures  
27082

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DIVISION OF CORPORATIONS  
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RMJ LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONALD S. KOCHMAN, ESQ.

(Name of Person)

KOCHMAN & BRAUN PLC

(Firm/Company)

222 LAKEVIEW AVENUE, SUITE 950

(Address)

WEST PALM BEACH, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

RONALD S. KOCHMAN

(Name of Person)

at ( 561 ) 802-8960

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RMJ LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

105 BROADHOLLOW ROAD

MELVILLE, NEW YORK 11747

**Mailing Address:**

105 BROADHOLLOW ROAD

MELVILLE, NEW YORK 11747

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

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

RONALD S. KOCHMAN, ESQ.

Name

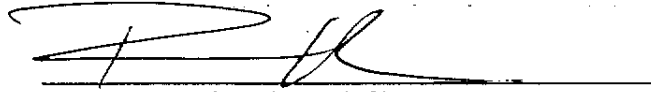
222 LAKEVIEW AVENUE, SUITE 950

Florida street address (P.O. Box **NOT** acceptable)

WEST PALM BEACH, FLORIDA 33401

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, Florida Statutes..*



Registered Agent's Signature

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04 JAN -2 PM 12:00

**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

MICHAEL F. GRECO

105 BROADHOLLOW ROAD

MELVILLE, NEW YORK 11747

(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.)

MICHAEL F. GRECO

Typed or printed name of signer

**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)