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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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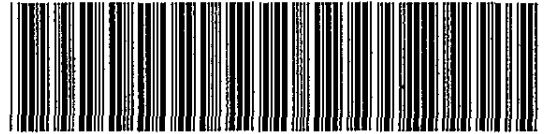
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/8
[Signature]

Transmittal Letter

Date: January 2, 2004

To: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: RJ Maglio, LLC

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TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard J. Maglio
RJ Maglio, LLC
676 Smokerise Blvd.
Longwood, FL 32779

For further information concerning this matter, please call:

Richard Maglio
407-257-6272

Enclosed is a check in the amount of \$160.00 for:

Filing Fee for Articles of Organization	\$100.00
Designation of Registered Agent	25.00
Certified Copy	30.00
Certificate of Status	<u>5.00</u>
Total:	\$160.00

Thank you


Richard J. Maglio

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Article I – Name

The name of the Limited Liability Company is: **RJ Maglio, LLC**

Article II – Address

The mailing address and the street address of the principle office of the limited Liability Company is: –

Principle Office Address:

676 Smokerise Blvd.
Longwood, FL 32779

Mailing Address:

P.O. Box 915213
Longwood, FL 32791

Article III – Registered Agent, Registered Office, & Registered Agent's Signature:

Richard J. Maglio
676 Smokerise Blvd.
Longwood, FL 32779

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

Article IV – Managing Members

The name and address of each Managing Member is as follows:

Title:

MGRM

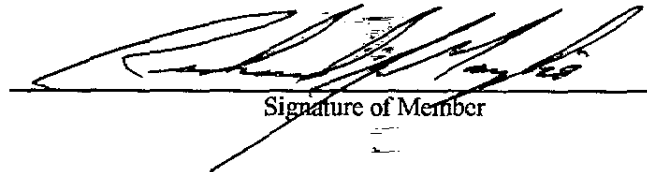
Name and Address:

Richard J. Maglio
676 Smokerise Blvd.
Longwood, FL 32779

(End)

Required Signature:

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



1/2/04

Signature of Member

Richard J. Maglio
Name of Signee

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