

L04000023301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

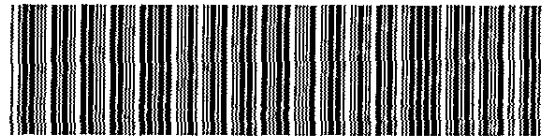
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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FILED  
04 MAR 26 PM 5:01  
RECEIVED  
04 MAR 26 PM 12:16  
STATE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BR

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- \_\_\_\_\_
- 2- \_\_\_\_\_
- 3- TV RM SERVICES, LLC
- 4- \_\_\_\_\_

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

### AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

### OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

### REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION OF  
RM SERVICES, LLC**

**ARTICLE I - Name**

The name of the Limited Liability Company is **RM SERVICES, LLC.**

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is 72 White Marsh Lane, Rotonda West, Florida 33947-2179.

**ARTICLE III - Registered Agent and Registered Office**

The name and street address of the registered agent of the Company is **John L. Wideikis, Esq.**, 18401 Murdock Circle, Port Charlotte, Florida 33948-1088.

**ARTICLE IV - Management**

The Limited Liability Company is to be managed by the member or members and is, therefore, a member-managed company.

**IN WITNESS WHEREOF**, I have signed these Articles of Organization and acknowledged them to be my act this 25th day of March, 2004.



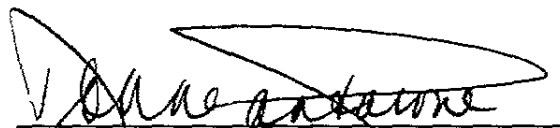
**John L. Wideikis, Esq.**  
Authorized Representative of Member

STATE OF FLORIDA                    )  
  ) ss.  
COUNTY OF CHARLOTTE            )

The foregoing instrument was sworn to and acknowledged before me this 25th day of March, 2004, by MIKO P. GUNDERSON, ESQ., who is personally known to me and who did take an oath.



Donna Santarone  
MY COMMISSION # DD199835 EXPIRES  
April 23, 2007  
BONDED THRU TROY FAIR INSURANCE INC.



**Notary Public, State of Florida**  
My Commission Expires:

**FILED**  
04 MAR 26 PM 5:11  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ACCEPTANCE OF REGISTERED AGENT**

The undersigned, being the person named in the Articles of Organization of **RM SERVICES, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of the position of registered agent.

DATED this 25th day of March, 2004.

  
\_\_\_\_\_  
JOHN L. WIDEIKIS, ESQ.