

# L04 0000 42542

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

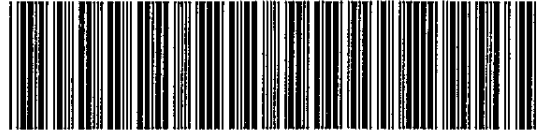
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800037537488

06/03/04--01028--004 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JUN -3 PM 1:46

FILED

**BRODY, COHEN & WINIG, P.A.**

ATTORNEYS AT LAW  
CENTURION TOWER

1601 FORUM PLACE, SUITE 304  
WEST PALM BEACH, FLORIDA 33401-8103

ROBERT BRODY  
RICHARD S. COHEN  
STEVEN L. WINIG

R. S. Cohen E-Mail:  
[rscohenesq@aol.com](mailto:rscohenesq@aol.com)

TELEPHONE  
(561) 684-9100

FACSIMILE  
(561) 697-3648

June 2, 2004

Via Fedex

Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: RCS Presents, LLC

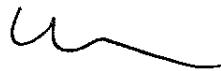
Gentlemen:

Enclosed please find the original and one copy of the above-referenced company's Articles of Organization. Please file the original and return a file-stamped copy of same to this office. Also enclosed is our client's check in the amount of \$125.00 made payable to the Florida Secretary of State to cover the cost of filing the Articles.

If you have any questions, please call this office, collect if necessary, before returning this document unfiled.

Thank you for your kind consideration.

Very truly yours,



RICHARD S. COHEN

ac  
encl.

**FILED**  
04 JUN -3 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **RCS PRESENTS, L.L.C.**

**ARTICLE II - Address:**

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

**Principal Office Address:**

1601 Forum Place, Suite 304  
West Palm Beach, Florida 33401

**Mailing Address:**

1601 Forum Place, Suite 304  
West Palm Beach, Florida 33401

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:** The name and the Florida street address of the registered agent are:

Richard Cohen

Name


1601 Forum Place, Suite 304

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

**FILED**  
JUN - 3 PM 1:46  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

**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

Robert Strickstein  
1601 Forum Place, Suite 304  
West Palm Beach, Florida 33401

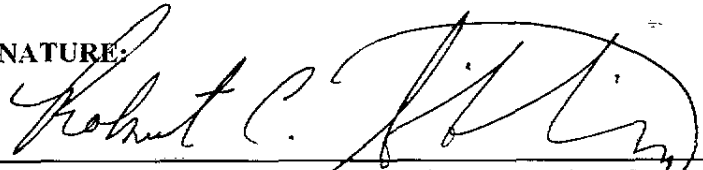
**ARTICLE V - Duration**

The period of duration for the Limited Liability Company shall be Perpetual.

**ARTICLE VI - Amendment**

This limited liability company reserves the right to amend or repeal any provisions contained in these Articles of Organization or any amendment hereto, and any right conferred upon the members is subject to this reservation.

**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.)

Robert Strickstein

Typed or printed name of signee

**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)

**FILED**  
04 JUN -3 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA