

**L05000060291**

**FILED**

Florida Department of State  
Division of Corporations  
Public Access System

2005 JUN 16 A 10: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H05000149112 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

RECEIVED

05 JUN 17 AM 7:01

DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**Riteway Facility Services, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)

H05000149112

**FILED**

2005 JUN 16 A 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Riteway Facility Services, LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

5103 Columbia Avenue

5103 Columbia Avenue

North Bergen, NJ 07047

North Bergen, NJ 07047

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

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

**CORPDIRECT AGENTS, INC.**

Name


**515 East Park Avenue**

(P.O. Box or Mail Drop Box **NOT** Acceptable)

**Tallahassee, FL 32301**

(City / State / 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, F.S.*

  
Registered Agent's Signature - Ed Lary- Ass't Secretary

**ARTICLE IV - Manager(s) or Managing Member(s):**

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

**FILED****Title:**

"MGR" = Manager

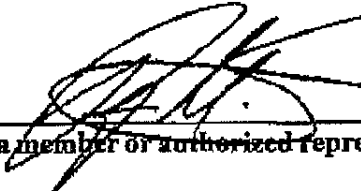
"MGRM" = Managing Member

**Name and Address:**

2005 JUN 16 A 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAMGRMRené M. Garcia- 5103 Columbia Avenue, North Bergen, NJ 07047MGRMMaria I. Zagarra- 5103 Columbia Avenue, North Bergen, NJ 07047MGRMRebecca A. Garcia- 9601 S.W. 142nd Avenue, Miami, FL 33186

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
 Signature of a member or 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. )

René M. Garcia

Typed or printed name of signee