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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN AUG 15 2005

# DILWORTH PAXSON LLP

LAW OFFICES

DIRECT DIAL NUMBER:  
(215) 575-7089

Eileen Simons  
esimons@dilworthlaw.com

August 9, 2005

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RE: RBK, LLC

To whom it may concern:

Enclosed is a Transmittal Letter, Application for Articles of Organization, and a check in the amount of \$125, filing fee for the above requested LLC.

Please return the recorded documents to the undersigned. Thank you.

Very truly yours,

***Eileen Simons***

Eileen Simons,  
Legal Assistant

Enclosures

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RBK, 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:

EILEEN SIMONS  
(Name of Person)

DILWORTH PAXSON, LLP  
(Firm/Company)

3200 MELLON BANK CENTER, 1735 MARKET ST.  
(Address)

PHILA., PA 19103  
(City/State and Zip Code)

For further information concerning this matter, please call:

EILEEN SIMONS at ( 215 ) 575-7089  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**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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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RBK, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

C/O ROBERT BOHN  
4801 PALM AIRE DRIVE  
SARASOTA, FL 34243

**Mailing Address:**

SAME

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

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

ROBERT BOHN

Name

4801 PALM AIRE DRIVE

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

SARASOTA, FL 34243

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, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

**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:**

MGRM

WYLIE H. ROYCE

9 BROOKVIEW DRIVE


COLTS NECK, N. J. 07722

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TALLAHASSEE, FLORIDA

(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.)

WYLIE H. ROYCE

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**