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(Requ	estor's Name)	
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COVER LETTER

TO: Registration Section Division of Corp			
SUBJECT: Intersta		nter of Brevard, LL	<u>C</u>
The enclosed Articles of C	Organization and fee(s) are su	ibmitted for filing.	
Please return all correspon	ndence concerning this matter	r to the following:	
Patricia E.	Bologna-Garago	ozlo	
	(1)	Name of Person)	
PSP of Ea	u Gallie, LLC		
	(1	Firm/Company)	
P.O. Box	410686		
		(Address)	
Melbourn	e, Florida 3294	1	
	(City/	State and Zip Code)	
For further information co	oncerning this matter, please o	call:	
	,		70
Patricia E. Bolog	gna- Garagozio	at (321) 757-757	/
(rume o	11 013011)	(Alea Code & Daylink Te	repriorie (vunioer)
Enclosed is a check for	the following amount:		lephone Number)
▼ \$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
- 120 same of the Dente of the Same of the		
Interstate Commerce Center of Brevar		···
(Must end with the words "Limited Liability Company, "Li	mited Company" or their abbreviation "LLC," o	r "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
3903 Postridge Trail	P.O. Box 410686	
Melbourne, Florida 32934	Melbourne, Florida 32041	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		5 1 9 1
Patricia E. Bologna-Garagozlo		Ø 2 € 1
Name		
3903 Postridge Trail		المجاوب المشار والماري
Florida street	address (P.O. Box NOT acceptable)	
Melbourne,	FL 32934	.) · · · · · · · · · · · · · · · · · · ·
City, Sta	te, and Zip	
Having heen named as registered agent and	to accept service of process for the al	bove stated limited

Registered Agent's Signature REQUIRED

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..

(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	PSP of Eau Gallie, LLC	
	P.O. Box 410686	
	Melbourne, Florida 32941	
MGRM	RRLS LLC	
	28 Marshall Avenue	
	Floral Park, N.Y. 11001	
MGRM	RTLD LLC	
	11 Nancy Road	
	Nanuet, N.Y. 10954	
MGRM	KJVIERA, ŁLC	
-	963 Loggerhead Island Drive	
	Satellite Beach, Florida 32937	
(Use attachment if necessary)	en e	
ARTICLE V: Effective date, if other than		
	st be specific and cannot be more than five business days prior	
to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		
<u>RECORDED</u> SIGNATURE.		
139		
100	/ (My)	
Signature of a mo	ember or an authorized representative of a member.	
of this document of	th section 608.403(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)	
Patricia E. Bo	logna-Garagozlo	
	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)