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(Req	uestor's Name)
(Add	(ress)
(Add	iress)
(City	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	iness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	illing Officer;
	Office Hea Only



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ACCOUNT NO.: 072100000032	
ACCOONT NO. : 0/210000032	
REFERENCE: 347802 7448543	
AUTHORIZATION: Spulsole nan	RECEIVED IN
COST LIMIT: \$ 160 00	
ORDER DATE : August 31, 2006	A CONTRACTOR OF THE PARTY OF TH
ORDER TIME : 11:39 AM	25
ORDER NO. : 347802-005	RIOR
CUSTOMER NO: 7448543	
DOMESTIC FILING NAME: RRL, LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	. ·
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	-
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Susie Knight - EXT. 2956	
EXAMINER'S INITIALS:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY ARTICLE I - Name: The name of the Limited Liability Company is: RRL, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 8441 Cooper Creek Boulevard 8441 Cooper Creek Boulevard University Park, Florida 34201 University Park, Florida 34201 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: David II. Baldauf Name 8441 Cooper Creek Boulevard Florida street address (P.O. Box NOT acceptable) University Park

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..

City, State, and Zip

By: J. I & B. L. tank

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:	
MOIGN - Mai	aging Memoer		
Manager		David H. Baldauf	_
		8441 Cooper Creek Boulevard	
		University Park, Florida 34201	
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(Use attachment	-		
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Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)