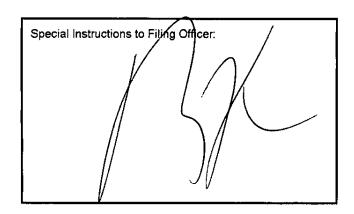
L06000105198

. (Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status



Office Use Only



400080664394

FILED 06 OCT 30 PM 2: 32 SECRETARY OF STATE SECRETARY OF STATE

MECEIVED



UN BENYICE CUMPANY	
ACCOUNT NO. : 072100000032	ALL ALL SEC. F. S. C. S.
REFERENCE : 562880 5015777	The Second
	16. 12 1 1 O
AUTHORIZATION:	
COST LIMIT : \$ 125.00	On Fig.
ORDER DATE: October 30, 2006	OP .
ORDER TIME : 12:01 PM	
ORDER NO. : 562880-005	
CUSTOMER NO: 5015777	
DOMESTIC FILING	
NAME: RDK LAND ASSOCIATES, LLC	
EFFECTIVE DATE:	
XX ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
XX PLAIN STAMPED COPY	
CONTACT PERSON: Pollye Janisse - EXT. 2954	

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY RDK Land Associates, 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: 14538 Tamiani Trail, North Port, Florida 34350 14538 Tamiani Trail, North Port, Florida 34387 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: Philip Kahn Name 14538 Tamiani Trail

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..

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

Corporation Service Company

North Port

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	er
Managing Member	Philip A. Kahn
	5 Gorham Avenue
	Livingston, New Jersey 07039
	
(Use attachment if necessary)	
CLE V: Effective date, if other t	han the date of filing: (OPTIONAL
	must be specific and cannot be more than five business days
0 days after the date of filing.)	
REQUIRED SIGNATURE:	
AS.	's lel
Signature	member or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

By: PHILIP A. KAHN

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee