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To: Division of Corporations  
Fax Number : (850) 205-0363

From:  
Account Name : LAW OFFICES OF SALLY N. SAWH  
Account Number : I19990000232  
Phone : (305) 865-1224  
Fax Number : (305) 865-6086

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

RMD Associates, LLC

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Corporate Filing Menu

Help

H070000904883

H07000090488 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

RMD 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:**1850 S. Ocean Dr.  
#PH 4407  
Hallandale FL 33009**Mailing Address:**349 Silver Bay Rd  
Toms River NJ 08861**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:

Law Offices of Sally N. Sawh, P.A.  
Name1054 Kane ConcourseFlorida street address (P.O. Box NOT acceptable)Bay Harbor FL 33154  
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.

Sally Sawh  
Registered Agent's Signature (REQUIRED)

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Page 1 of 2

H07000090488 3

H07000090488 3

**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:**MGRBradley G. Rund  
349 Silver Bay Rd.  
TDMS River NJ 08531

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Bradley G. Rund

Typed or printed name of signer

H07000090488 3

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