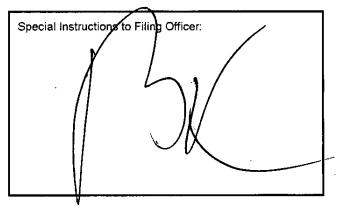
## L07000114852

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	JP WAIT MAIL
· .	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status



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TO ACKNOWLEDGE FILING

RECEIVED
DEPARTHENT OF STATE
SYISION OF CORPORATIONS



ACCOUNT NO. : 072100000032
REFERENCE: 317585 7448543
AUTHORIZATION: Spelbelena 22
COST LIMIT : \$ 130.00
ORDER DATE: November 14, 2007
ORDER TIME: 11:16 AM
ORDER NO. : 317585-045
CUSTOMER NO: 7448543
DOMESTIC FILING
NAME: RUM EAST H, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight - EXT. 2956
EXAMINER'S INITIALS.

ARTICLES OF C	ORGANIZATION	FOR FLORIDA LIMITED LIABILITY COMPANY	41
ARTICLE I - Na	ı mını	是我是	
	Limited Liability C	ompany is:	
			3
Rum East H, LLC	1		:
	ds "Limited Liability Cor	npany; "Limited Company" or their abbreviation "LLC," or "L.C.,")	
<b>,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		The same of the sa	٦
ARTICLE II - A		7	
The mailing addre	ess and street addre	ss of the principal office of the Limited Liability Company is:	
Principal Office	Address:	Mailing Address:	
8441 Cooper Creek	Blvd.	8441 Cooper Creek Blvd.	
University Park, Flo	rida 34201	University Park, Florida 34201	
(The Limited Liability business entity with a	Company cannot serve as n active Florida registration	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another on.) ess of the registered agent are:	
	David H. Baldauf		
	David II. Datator	Name	
	• ,		
	8441 Cooper Creek	······································	
• • •	et e e	rida street address (P.O. Box NOT acceptable)	
	University Park,	FL 34201	
		City, State, and Zip	
liability comp registered agent statutes relating	any at the place des and agree to act in g to the proper and	gent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of alcomplete performance of my duties, and I am familiar with and tion as registered agent as provided for in Chapter 608, F.S	

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"NATE III" # Agamman		Name and Address:
"MGR" = Manager "MGRM" = Manager		
MGR		David H. Baldauf
	<del></del>	8441 Cooper Creek Blvd.
		University Park, Florida 34201
	_	
	- ·	
	_	- Andrews - Andr
	<u>-</u>	
(Use attachment if	necessary)	
LE V: Effective da	te, if other than the dad, the date must be see of filing.)	nte of filing: (OPTION pecific and cannot be more than five business of
LE V: Effective da ffective date is liste days after the date  REQUIRED SIGN	nte, if other than the dad, the date must be se of filing.)  NATURE:	nte of filing: (OPTION pecific and cannot be more than five business of a member.
LE V: Effective da ffective date is liste days after the date  REQUIRED SIGN	te, if other than the did, the date must be se of filing.)  NATURE:  Signature of a member of a necordance with section	or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjuty
ffective date is listed days after the date see the date of the da	nte, if other than the dad, the date must be see of filing.)  NATURE:  Signature of a member of this document constitution.	or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjuty cin are true.)

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)