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SECRETARY OF STATE
TALLAHASSEE, FI OBJE.

COVER LETTER

TO: Registration Se Division of Cor							
SUBJECT: RCK E	3907. LLC						
SOBJECT:	(Name of Limite	ed Liabilit	y Compar	ıy)			
The enclosed Articles of	Organization and fee(s) are	submitted	for filing.				
Please return all correspon	ndence concerning this matt	er to the f	ollowing:				
Andrew D	. Kaiser						
		(Name of F	erson)			<u> </u>	
The Kaise	er Law Firm, P.	.C.					
		(Firm/Con	ipany)		······································	 	
12231 Ma	anchester Road	<u>d, 1st</u>	Flooi	<u></u>			
		(Addre	ss)			ZΣ	
St. Louis,	MO 63131					ECR LLA	==
	(Cit	y/State and	Zip Code)			AS A	翠
For further information co	oncerning this matter, please	e call:				RY OF	25 P
Andrew D. Ka		_at (_3	14	966-7	766 Telephone Num	STA) : 5
(Name o	of Person)	(Area Code	& Daytime	i elepnone ivum		드
Enclosed is a check for	the following amount:						
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certi	00 Filing ified Cop ional copy	-	Certifica Certified	Filing Fee, ite of Status 1 Copy 1 copy is encl	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration of Clifton Budget 1986 Execution Registration R	urler Addresson Section of Corporational inding cutive Centers, FL 3230	ons or Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
RCK B907, LLC (Must end with the words "Limited Liability	cy Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signatures and Agent. You must designate an individual or another.
The name and the Florida street address of the re	egistered agent are:
Plantation,	sland Road ress (P.O. Box NOT acceptable) FL 33324
City, State, a	nd 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..

Registered Agent's Signature (REQUIRED)

(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: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Rohit M. Desal	
	2051 Gramercy Circle	
	Atlanta, GA 30341	
MGR	Galina R. Desai	
	2051 Gramercy Circle	
	Atlanta, GA 30341	
(Use attachment if necessary)		BEGRETARY OF STATE
LE V: Effective date, if other than the date of filing:		(OPTIONA
effective date is listed, the date must 0 days after the date of filing.)		than five business da

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.)

Andrew D. Kaiser, Authorized Rep.

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)