

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000146331 3)))



H060001463313ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

r.d.m. trading, l.l.c.

Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

M. Thomas JUN 0 9 2008

of l

6/6/2008 11:27 AM pe:t1 800Z/90/90 3026333636

H08000146331

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R. D. M. TRADING L. L. C.

(Must end with the words "Lifetied Liability Company, "L.L.C." or "LI.C.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1454 N.E. 5574 STREET

FT. LANDER CASE, F1. 33334

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 agent.

Name

Name

Hous N. W. 16 4 Street Oft 111

Florida street address (P.O. Box NOT accomplie

FT. Muderdale 14 33313
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 properfund complete performance of my duties, and I am familiar with and accept the obligations of my position at registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

H08000146331

H08000146331

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Momber | Name and Address: |
|---|---|
| MGR | RONALD J. BLANCO 1454 N.E. 3512 STREET FT. LANDERDAIL, FL. 33331 |
| | |
| | |
| | SECRET |
| (Use attachment if nocessary) | ASSE |
| IRTICLE V: Effective date, if other than the If an effective date is listed, the date must be or 90 days after the date of filing.) | date of filing: (OPTIONAL) ? |
| REOUTRED SIGNATURE: | you an authorized representative of a member. |
| of this document constitute that the facts stated he | tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.) ANC 6 out or printed name of signee |
| Piston, Proper | |
| Filing Fees: | |

Page 2 of 2

H08000 146331

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