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(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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T. HAMPTON

MAY - 1 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Romar Family LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Attorney Richard W. Pitzner
(Name of Person)

Murphy Desmond S C
(Firm/Company)

P.O. Box 2038
(Address)

Madison, WI 53701-2038
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard W. Pitzner at (608) 268-5568
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



33 East Main Street
Suite 500
Madison, WI 53703-3095

Mailing Address:
P.O. Box 2038
Madison, WI 53701-2038

Phone:
608.257.7181

Fax:
608.257.2508

www.murphydesmond.com

Richard W. Pitzner
Direct Line 608.268.5568
Facsimile 608.257.2508
rpitzner@murphydesmond.com

29 April 2009

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Organization for Romar Family LLC

Dear Sir or Madam:

Enclosed are duplicate originals of Articles of Organization for the formation of Romar Family LLC as a manager managed limited liability company under Florida law. Also enclosed is our check in the amount of \$125.00 for the filing fee. Please confirm filing of these Articles of Organization as soon as possible and return a file stamped copy to me.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard W. Pitzner", with a long horizontal flourish extending to the right.

Richard W. Pitzner

RWP:mcp
091108
FL Dept of State lt
Enclosures

cc: Mr. Ronald Groskopf (via email)
Mr. Kim Dooyema (via email)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Romar Family LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

27441 Harbor Cove Court
Bonita Springs, FL 34134

Mailing Address:

27441 Harbor Cove Court
Bonita Springs, FL 34134

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:

Ronald L. Groskopf

Name

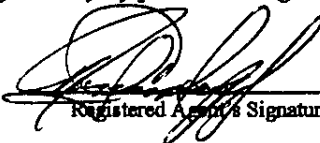
27441 Harbor Cove Court

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

Bonita Springs FL 34134

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGRM

Ronald L. Groskopf

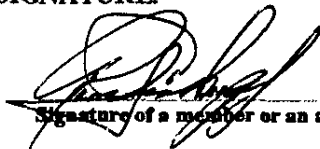
27441 Harbor Cove Court

Bonita Springs, FL 34134

(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.)

Ronald L. Groskopf

Typed or printed name of signer

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)

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