

FROM : LAZARUS  
Division of Corporations

FAX NO. : 3052201440

May. 21 2009 04:58PM P1

**Florida Department of State**  
**Division of Corporations**  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**RMP CONSULTANTS LLC**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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MAY 22 2009

**EXAMINER**

H09000127168

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

The name of the Limited Liability Company is:

RMP CONSULTANTS 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:****Mailing Address:**18151 NE 31st CT #2005 18151 NE 31st CT #2005Aventura, Florida 33160Aventura, FL 33160**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:

Julio Ponce

Name

18151 NE 31st CT #2005

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

Aventura FL 33160

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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.,

Julio Ponce  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION

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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:**MGRMJulio Ponce  
18151 NE 31st CT # 2005  
Aventura FL 33160MGRMERNESTO REY  
18151 NE 31st CT # 2005  
Aventura FL 33160

(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 606.408(3), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Julio Ponce  
\_\_\_\_\_  
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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