

# LD9000077936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

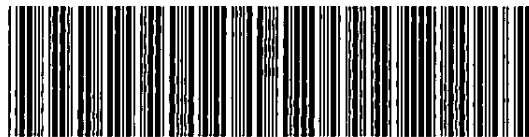
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700159364317

08/12/09--01036--006 \*\*155.00

FILED  
2009 AUG 12 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 13 2009

EXAMINER

# LISA & SOUSA, LTD.

ATTORNEYS AT LAW

(A PROFESSIONAL CORPORATION)

5 Benefit Street  
Providence, Rhode Island 02904  
Telephone (401) 274-0600  
Facsimile (401) 421-6117

Carl B. Lisa  
Louis A. Sousa •  
Carl B. Lisa, Jr. •  
Rebecca C. Cox •  
John J. Poloski, III •  
Sandra Sousa-Marujo •  
Thomas E. Romano •

Robert G. Branca, Jr. • †  
Eugene A. Amelio •  
of Counsel

• (Also Member of Massachusetts Bar)  
† (Also Member of District of Columbia Bar)

August 11, 2009

via Federal Express

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

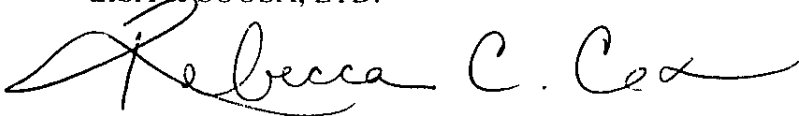
RE: RDM ATLANTIC, LLC  
Our file #14320C

Dear Sir or Madam:

Please find enclosed an original as well as a copy of the Articles of Organization regarding the above entity. Also enclosed is a check in the amount of \$155.00 representing your filing fee for same. Please return a certified copy of the filed Articles of Organization to me at your first convenience. If you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,

LISA & SOUSA, LTD.



Rebecca C. Cox

RCC/abt  
Enclosure

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RDM ATLANTIC, 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:

Rebecca C. Cox, Esquire

Name of Person

Lisa & Sousa, Ltd.

Firm/Company

5 Benefit Street

Address

Providence, Rhode Island 02904

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca C. Cox, Esquire

Name of Person

at ( 401 )

274-0600

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

RDM ATLANTIC, 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:

10379 Atlantic Blvd.  
Jacksonville, FL 32225

#### Mailing Address:

P.O. Box 308  
New Canaan, CT 06840

### 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:

Sunil Rajan

Name

13846 Atlantic Boulevard, Unit 208

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

Jacksonville, FL 32225

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)

FILED  
2009 AUG 12 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2009 AUG 12 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGR

Sunil Rajan

P.O. Box 308

New Canaan, CT 06840

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

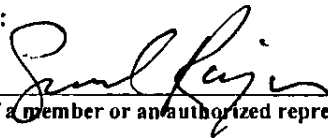
\_\_\_\_\_

(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.)

Sunil Rajan

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)**