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Account Name : COURT ACCESS CENTERS OF AMERICA

Account Number: 075350000541 Phone: (813)875-1333

Fax Number : (813)875-2703

### FLORIDA/FOREIGN LIMITED LIABILITY C

### RM Winters Family LLC

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### Audit # H09000207731

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I**

### Name and Address

The name of this Limited Liability Company is:

### **RM Winters Family LLC**

The mailing address and street address of the Limited Liability Company are:

195 Black Cloud Drive Louisburg, NC 27549

### ARTICLE II Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

## ARTICLE III Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting and and also lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

### ARTICLE IV

### **Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3249 W Cypress St., Suite C. Tampa, FL 33607, (813)-875-1333.

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### ARTICLE V Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

3249 W. Cypress Street, Sta. C Tampa, FL 33607

and the name of its registered agent at such address is:

CourtAccess Centers of America, Inc.

ARTICLE VI Management

This Limited Liability Company shall have One Manager(s) or Managing Member(s). The name and address of Manager(s) or Managing Member(s) are:

### Name and Address

Robert M. Winters, Managing Member 195 Black Cloud Drive Louisburg, NC 27549

Dated: Thursday, September 24, 2009

Robert M. Winters

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### ACCEPTANCE BY REGISTERED AGENT

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.

Date: September 24, 2009

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