

LD9000104479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

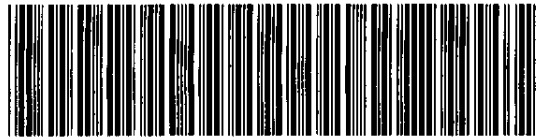
Special Instructions to Filing Officer:

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OCT 29 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LISA & SOUSA, LTD.

ATTORNEYS AT LAW

(A PROFESSIONAL CORPORATION)

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

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of Counsel

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

October 27, 2009

Via Federal Express

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

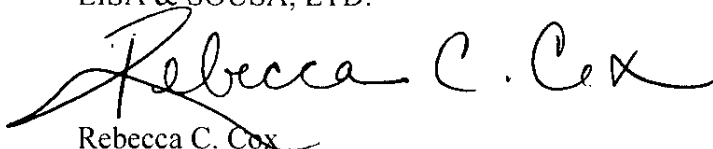
RE: RDM BEACH, LLC
11657 Beach Road, Jacksonville, FL 32246
Our file #14320A

Dear Sir or Madam:

Please find enclosed original and a copy of the Articles of Organization regarding the above entity. Also enclosed is a check in the amount of \$155.00 representing your fee to file same. Please return a time-stamped copy back to me in the enclosed Federal Express envelope 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 BEACH, 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 BEACH, 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:

11657 BEACH ROAD
JACKSONVILLE, FLORIDA 32246

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

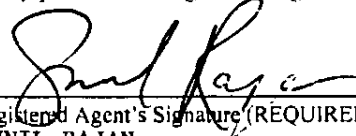
13846 Atlantic Boulevard, Unit 208

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

Jacksonville, FL

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)
SUNIL RAJAN

(CONTINUED)

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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

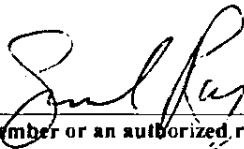
New Canaan, CT 06840

(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)

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TALLAHASSEE FLORIDA