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EXAMINER

BRENNAN, MANNA & DIAMOND

ATTORNEYS & COUNSELORS AT LAW

BONITA SPRINGS OFFICE

3301 Bonita Beach Road, Suite 100 Bonita Springs, Florida 34134 Telephone 239-992-6578 Facsimile 239-992-9328 **AKRON OFFICE**

75 East Market Street Akron, Ohio 44308

Telephone 330-253-5060 Facsimile 330-253-1977 JACKSONVILLE OFFICE

800 West Monroe Street Jacksonville, Florida 32202

Phone: 904-366-1500 Fax: 904-366-1501

Anna-Karina Dragolich

Phone: (330) 253-5060 Fax: (330) 253-1977 Email: akdragolich@bmdllc.com

November 17, 2009



VIA FEDEX OVERNIGHT DELIVERY

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

RE: RM Funding, LLC

Dear Sir or Madam:

Enclosed herewith please find the Articles of Organization for the above-referenced entity, along with a check in the amount of \$125.00 for the filing fee. Please file the same and return any receipts and/or certificates to me.

Thank you for your time and attention to this matter. Please feel free to contact me with any questions you may have.

Very truly yours,

Anna-Karina Dragolich

Paralegal

COVER LETTER

	gistration Section rision of Corporations			
SUBJECT:	RM Funding, LLC			
	Name of Limited Liability Company			
The enclosed	d Articles of Organization and fee(s) are submitted for filing.			
Please return	all correspondence concerning this matter to the following:			
	Anna Dragolich Name of Person			
	Brennan, Manna & Diamond, LLC Firm/Company			
	75 East Market Street			
	Address			
	Akron, OH 44308			
	City/State and Zip Code			
	akdragolich@bmdllc.com E-mail address: (to be used for future annual report notification)			
For further in	nformation concerning this matter, please call:			
	Anna Dragolich at (330) 253-5060 x151 Name of Person Area Code & Daytime Telephone Number			
Enclosed is	a check for the following amount:			
]\$125.00 Fi	ling Fee \$\bigsup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

(Must end with the words "Limited	ding, LLC Liability Company," "L.L.C.," or "LLC.")	
`		
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
8727 Hampton Glenn Court Jacksonville, FL 32256	8727 Hampton Glenn Court Jacksonville, FL 32256	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: ida Service, LLC Name t Monroe Street is (P.O. Box NOT acceptable) FL 32202	
BMD Flori	ida Service, LLC	
	Name Ø 636	
800 Wes	t Monroe Street	
Florida street address	s (P.O. Box <u>NOT</u> acceptable)	
Jacksonville	FL 32202	
City, S	FL 32202 (state, and Zip	
liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and complet accept the obligations of my position as B. H. V. Los id a Begistered Agent's	and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.S Signature (REQUIRED) Solve F. Marchine	

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manag		
"MGRM" = Man	aging Member	
MGRM	_	Richard Miller 8727 Hampton Glenn Court Jacksonville, FL 32256
	_	,
	_	
		·
	_	
(Use attachment i	f necessary)	,
ARTICLE V: Effective of the control	ed, the date must be	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIG	SNATURE:	y
	Signature of a member	or an authorized representative of a member.
	(In accordance with sect of this document constituted that the facts stated here	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury in are true.)
<u>Filing Fees:</u>	Тур	Yong-Chang Tang ed or printed name of signee
of Regis \$ 30.00 Certified	ee for Articles of Organ stered Agent I Copy (Optional) ate of Status (Optional)	ization and Designation