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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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# **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CCT: DRJRC Associates LLC
0000	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	James C. Burnside
	Name of Person
	DRJRC Associates, LLC
	Firm/Company
	2658 Edgewater Drive
•	Address
	Weston, Florida, 33332-3400
	Weston, Florida 33332-3400  City/State and Zip Code  burnsideje @ yahoo.com
-	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Name of Person at (954) 384-6732  Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
<b>√</b> \$125.0	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

ORJRC Associates, 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:**

2658 Edgewater Drive		
Weston, Florida		
33332-3400		

2658 E	Edgewater	Prive
Westo	n, Floris	1 0
33332	- 3400	

# 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:

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)

## 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" = Manager "MGRM" = Managing Member	Name and Address:		
MGRIVI — Wanaging Weilber	James C. Burnside 2658 Edgewater Dr Weston, Florida 333	? -1ve 132-34	, 00
n effective date is listed, the date must b	date of filing: (O		
• 90 days after the date of filing.)  REQUIRED SIGNATURE:	- 1		
(In accordance with se	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution	SEORE	10 JAI
that the facts stated he	retitutes an affirmation under the penalties of perjury rein are true.)  C. Burnside  ped or printed name of signee	SECRETARY OF ST. ALLAHASSEE, FLO	10 JAN 25 PM 2:5
Filing Fees:	/ped or printed name of signee	STA	<i>∴</i>

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)