Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number: (850)617-6383

MAR 1 9 2010

From:

Account Name : FILINGS, INC.

Account Number: 072720000101 Phone : (650)385-6735

Fax Number

: (954)641-4192

EXAMINER

L. SELLERS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. R M PARADIS ENTERPRISES, LLC

Certificate of Status Certified Copy . 1 02 Page Count \$155.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIAB	ILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Comp.	any is:	
R M Paradis Er (Must end with the words "Limited Limbility Company		(Charle Ca
ARTICLE II - Address: The mailing address and street address of		•
Principal Office Address:	Mailing Address:	
2893 Waterford Dr N Dearfield Beach FL, 33442		al office
ARTICLE III - Registered Agent, Registered Limited Limiting Company cannot serve as its own business outily with an active Florida registration.) The name and the Florida street address of	n Registered Agent. You must designate an inc	t's Signature: lividual or another
	P. KIESEL	
2893 War	e-ford Dr N	
Deerfield Be	reel address (P.O. Box <u>NOT</u> acceptable) A C	
Having been named as registered agent a liability company at the place designate registered agent and agree to act in this constants relating to the proper and complete accept the obligations of my position as	nd to accept service of process for the ed in this certificate, I hereby accept spacity. I further agree to comply wi ate performance of my duties, and I d	the appointment as ith the provisions of all am familiar with and
Registered Agent's	Signature (REQUIRED)	10 SE TAL
(CON	ITINUED) e1 of2	MAR 18 AM 10: 1 ECRETARY OF STA

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true,) Filling Fees: \$125.00 Filing Foe for Articles of Organization and Designation of Registered Agent

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S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)