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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON  
JUN 24 2010  
EXAMINER

**LAW OFFICES**  
**JOHN L. MANN, P.A.**

500 South Florida Avenue  
Suite 300  
Lakeland, Florida 33801

Telephone:  
863.683.1358  
Facsimile:  
863.683.5638

Mailing Address:  
Post Office Box 2435  
Lakeland, Florida 33806-2435  
E Mail Address:  
[john@jmannlaw.com](mailto:john@jmannlaw.com)

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: RMC ENTERPRISES, 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:

Jackie Hutchison, Florida Registered Paralegal

Name of Person

Law Offices of John L. Mann, P.A.

Firm/Company

500 S. Florida Avenue, Suite #300

Address

Lakeland, Florida 33801

City/State and Zip Code

jackie@jmannlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie Hutchison, FL Registered Paralegal at ( 863 ) 683-1358

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**OF**

**RMC ENTERPRISES, LLC**

**ARTICLE I - NAME**

The name of the limited liability company shall be **RMC ENTERPRISES, LLC** ("Company").

**ARTICLE II - PRINCIPAL PLACE OF BUSINESS AND ADDRESS**

The principal place of business of the Company in Florida shall be 4749 Highlands Place Circle, Lakeland, Florida 33813. The mailing address shall be P.O. Box 2296, Lakeland, Florida 33806-2296.

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE**

The name and street address of the registered agent of the Company in the State of Florida is JOHN L. MANN, 500 South Florida Avenue, Suite #300, Lakeland, Florida 33801.

*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 in Chapter 608, F.S.*

\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV-MANAGING MEMBERS**

The name and address of each Managing Member is as follows:

Title:

Name and Address:

Managing Member

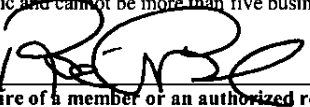
ROI CORNISH  
4749 Highlands Place Circle,  
Lakeland, Florida 33813

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DIVISION OF CORPORATIONS  
10 JUN 23 11:10:47

## ARTICLE V-EFFECTIVE DATE

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)

  
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.)

**ROI CORNISH**

Typed or printed name of signee

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