

10/12/2010

Division of Corporations

**L100002241703**

Florida Department of State  
Division of Corporations  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

jmaney@wmccrpa.com

**FLORIDA LIMITED LIABILITY CO.**  
**RMG Rentals LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
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**D. BRUCE**  
OCT 13 2010  
**EXAMINER**

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **RMG Rentals 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:

153 West 27th Street- Suite 500

153 West 27th Street- Suite 501

New York, NY 10001

New York, NY 10001

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Marcia Goldman

Name

7021 Falls Road East

(P.O. Box or Mail Drop Box NOT Acceptable)

Boynton Beach, FL 33437

(City / State / 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.*

*Marcia Goldman*

Registered Agent's Signature - Marcia Goldman

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

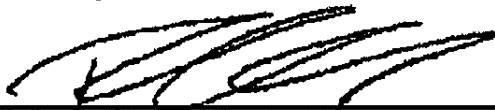
**Name and Address:**

MGRM

Rob Grifka - 153 West 27th Street, Suite 501, New York, NY 10001

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or 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. )

Rob Grifka

\_\_\_\_\_  
Typed or printed name of signee

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