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11 JUN 16 AM II: 20
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

J. BRYAN

JUN 17 2011

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: The Rhomen Empire L	.LC
SCBORCI.	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
John A. Dhanna	PES I T
John A. Rhome	Name of Person
	Name of Person Firm/Company
	Firm/Company
	Firm/Company
7319 Midland Road	
	Address
Christiana, TN 37037	
	y/State and Zip Code
john.rhome@therhomenempire.	COM for future annual report notification)
For further information concerning this matter, please	
	C Call.
John A. Rhome	at (615) 542-9789
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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 LIABILIT	YCOM	PAN	Y
	是图		#
ADTICLE L. Nomas	63	بير	

The name of the Limited Liability Company is:

The Rhomen Empire 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:
The Rhomen Empire LLC	The Rhomen Empire LLC
1881 Riveredge Drive	1881 Riveredge Drive
Tarpon Springs, FL 34689	Tarpon Springs, FL 34689

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:

John A. Rhome
Name
1881 Riveredge Drive
Florida street address (P.O. Box NOT acceptable)
Tarpon Springs, FL 34689 FL
City, State, and 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..

stered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	, 55k
MGR	John A. Rhome
	1881 Riveredge Drive
t	Tarpon Springs, FL 34689
MGRM	Paulette Rhome
	1881 Riveredge Drive
	Tarpon Springs, FL 34689
MGRM	Chip Rhome
	1881 Riveredge Drive
	Tarpon Springs, FL 34689
•	
ffective date is listed, the date must	ne date of filing: (OPTIONAL be specific and cannot be more than five business days
LE V: Effective date, if other than the fective date is listed, the date must	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	
LE V: Effective date, if other than the	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)