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SECRETARY OF STATE

T. CLINE

JUL - 6 2011

EXAMINER

COVER LETTER

TO:

Registration Section

* !	Divi	sion of Corporations	·				
	SUBJECT:	RFV LLC.					
	Seblect.	Name o	f Limited Liability Company				
	The enclosed	Articles of Organization and fee	(s) are submitted for filing.				
	Please return	all correspondence concerning th	nis matter to the following:				
		Ro	bert S. Vanas				
		Name of Person					
	V LLC.						
	Firm/Company						
Address							
	·	Во	gota, NJ 07603	JAI 3S	201		
			City/State and Zip Code	PS	JUL		
		bvanas@vanasconstruction.com					
		E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:							
	Rober	t S. Vanas	at (201) 883-1944	- SE	# <u>₹</u>		
		Name of Person	Area Code & Daytime Telephone Number	- Om	لنب		
	Enclosed is a	check for the following amou	int:				
X	6125.00 Filing		& \$155.00 Filing Fee & \$160.00 Filing	tatus &			
		Mailing Address	Street/Courier Address				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:	
RFV LLC (Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC)
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:	
249 Leonia Avenue Bogota, NJ 07603	249 Leonia As Boqota, NJ (<u>7enue</u> 07603
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate registered agent are:	
Robert Van Name 1239 Glovervi Village of Ca	lle Terrace	ARY OF STA
Lady Lake		RIDA
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete paraccept the obligations of my position as region.	this certificate, I hereby ac ty. I further agree to comp erformance of my duties, a	scept the appointment as bly with the provisions of all and I am familiar with and

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Managing Member	Robert S. Vanas 249 Leonia Avenue Bogota, NJ 07603		
	Bogota, NJ 07603		
· · · · · · · · · · · · · · · · · · ·			
			
_			
	≥∨	281	
			446
(Use attachment if necessary)	ASS	7.5	# FALT
ARTICLE V: Effective date, if other than the date	e of filing: (OPTTO)	SAL)	1
If an effective date is listed, the date must be sp o or 90 days after the date of filing.)	ecific and cannot be more than five business of	lays prior	, , , , , , , , , , , , , , , , , , ,
REQUIRED SIGNATURE:			
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robert S. Vanas
Typed or printed name of signee

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)