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D. BRUCE

JUL 0 7 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co							
SUBJECT: RON	OME, LLC						
SUBJECT:		d Liability Compar	ıy				
The enclosed Articles of	f Organization and fee(s) are su	ubmitted for filing.					
Please return all corresp	oondence concerning this matte	r to the following:					
Ronald I	Bergwerk						
		Name of Person					
		Firm/Company					
10175 F	ortune Pkwy, S	te.103		 			
		Address		,			
Jacksonville	e, FL 32256	State and Zip Code			·1		
lawofbergy	verk@gmail.com	State and Zip Code			SEC ALL	=======================================	
	E-mail address: (to be used for	r future annual repor	t notification)		AHE HEI	F	*********
For further information	concerning this matter, please	call:			ARY SSEI	9	
Ronald Bergwe	rk	at (904)	353-1533	;	OF'S	20- EC 80-C	, [
Name	of Person	Area Code &	& Daytime Telep	hone Number	TATE ORIC	50 清	`
Enclosed is a check for	or the following amount:				>		+-
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy	y	\$160.00 Fili Certificate of Certified Co (additional cop	of Status opy	&	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registratio Division o Clifton Bu 2661 Exec	f Corporations	rcle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

RONOME, LLC (Must end with th	e words "Limited Liabilit	ry Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the pri	ncipal office of the Limited	l Liability Company is:
Principal Office Address:		Mailing Address:	
10175 Fortune Pkwy Ste. 1 Jacksonville, FL 32256	03	PO Box 17667 Jacksonville, FL 32245	
ARTICLE III - Registered A (The Limited Liability Company canno business entity with an active Florida	t serve as its own Registe		
The name and the Florida stre	et address of the re	gistered agent are:	II MALL
Ronald	Bergwerk		AACORE JULI
	Name		JARY WAZA
10175	Fortune Pk	wy. Ste. 103	m_
	Florida street addı	ress (P.O. Box NOT acceptable)	AN WEST
Jackson	ville	_{FL} 32256	E OS
	City, Star	e, and Zip	9 A
registered agent and agree to statutes relating to the prope	ace designated in th act in this capacity er and complete per	is certificate, I hereby accep . I further agree to comply v	ot the appointment as with the provisions of ali I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Ronald Bergwerk P.O. Box 17667
	Jacksonville, FL 32245
	e date of filing: (OPTIONA
LE V: Effective date, if other than the	e date of filing: (OPTIONA be specific and cannot be more than five business days
LE V: Effective date, if other than the ffective date is listed, the date must h	
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	pe specific and cannot be more than five business days
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other than the fective date is listed, the date must he days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 60% constitutes an affirmation under lam aware that any false information for the constitutes are applied to the constitutes are affirmation under lam aware that any false information.	ex or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State:
LE V: Effective date, if other than the fective date is listed, the date must he days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 60% constitutes an affirmation under I am aware that any false infor constitutes a third degree felon	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true; mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
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