

# U2000041748

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
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**FLORIDA LIMITED LIABILITY CO.  
RPHI, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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(FAX)

P.001/004



March 26, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORPDIRECT AGENTS INC

SUBJECT: RPHI LLC  
REF: W12000016839

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Becky McKnight

FAX Aud. #: H12000076506

Regulatory Specialist II Supervisor

Letter Number: 312A00010151

New Filing Section

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P.O BOX 6327 - Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

RPHI, 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:**625 EAST 234TH STREETSUITE 2ABRONX, NY 10466-2765**Mailing Address:**625 EAST 234TH STREETSUITE 2ABRONX, NY 10466-2765**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:

NRAI Services, Inc.

Name

515 East Park AvenueFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFL 32301

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.*

NRAI Services, Inc.

By: Joelle ChurikRegistered Agent's Signature (REQUIRED)  
Joelle Churik, Assistant Secretary

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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:**

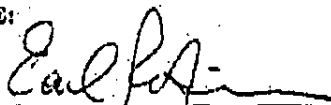
"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGREarl Robinson625 E. 234th Street, Ste 2ABronx NY 10466-2755

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** April 1, 2012 (OPTIONAL)  
 (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.)

**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.)

EARL ROBINSON

Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 3.00 Certificate of Status (Optional)

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