

Nov. 28 2012 1:19 PM
Division of Corporations

Gray Robinson

Page 1 of 1

L12000149636

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000279732 3)))



H120002797323ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From: Carrie Ramos, Paralegal, please fax confirmation to
Account Name : GRAYROBINSON, P.A. - ORLANDO 407 244-5690
Account Number : 120010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
12 NOV 29 AM 6:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Ron Jon Ocean City, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
12 NOV 29 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

RON JON OCEAN CITY, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

3850 SOUTH BANANA RIVER BOULEVARD
COCOA BEACH, FLORIDA 32931

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

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

LISA A. SPECHT
GRAY ROBINSON, P.A.
301 E. PINE STREET, SUITE 1400
ORLANDO, FLORIDA 32801

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.


REGISTERED AGENT'S SIGNATURE

Article IV - Management:

The Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company. The name and address of each initial Manager is as follows:

Title:	Name and Address:
MGR	DEBRA A. HARVEY 3850 SOUTH BANANA RIVER BOULEVARD COCOA BEACH, FLORIDA 32931
MGR	THOMAS E. O'KEEFE 3850 SOUTH BANANA RIVER BOULEVARD COCOA BEACH, FLORIDA 32931


AUTHORIZED REPRESENTATIVE'S SIGNATURE

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.

LISA A. SPECHT
Typed or printed name of signee