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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

MAR 4 2013

COVER LETTER	
TO: Registration Section Division of Corporations	pil.
SUBJECT: RJM MARKETING GROUP LLC  Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ROBERT J MUNGAN  Name of Person	
RJM MARKETING GROUP	
Firm/Company	
1576 SULTAN CIRCLE Address	
Chulusta, FLONIDA 32766  City/State and Zip Code	2013 HAR OI
City/State and Zip Code  BOBTMONGAN & GMAIL. COM	
E-mail address: (to be used for future annual report notification)	AH 9:
	H 9: 12 F STATE
Name of Person at (457) 971 4773  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \$\sum \\$155.00 Filing Fee & \$\sum \\$160.00 Filing Fee & \$\sum \\$160	

**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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited	Liability Company is:				
RJM MARKE	TING GROUP O	L2C			
(Must end w ARTICLE II - Address The mailing address and			·	ility Comp	any is:
Principal Office Addres	<u>s:</u>	Mailing Address:			
1576 SULTAN	32766	1576 Chulus	SULTAN	CIRCLE	<u>ي</u>
CHOLLETA, KL	327 66	Chulus	AJFL	32766	<u> </u>
ARTICLE III - Register (The Limited Liability Company business entity with an active Flo	cannot serve as its own Regist rida registration.)	ered Agent. You must design		al or another	
The name and the Florida		5 Monsan		2013 MAR @1 SECRETAR ALL AHASS	<u>"N</u>
Name	1576 SXXIII	u CNC/e Iress (P.O. Box <u>NOT</u> accep	atable)	F.F. ₹	
		ices (1.0. Dox 1101 accep	Javiej	[S]	
$\mathcal{C}$	BULLAN	FL 32766		STATE LERIBA	$\Box$

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 (REQUIRED)

(CONTINUED)

## Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Robert J Marcon
	PODENT J MONGON 1576 SULTAN CINCLE CHULSTA, FL 32766
	CHULUTA, FL 32766
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	For the second s
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	- TI
(Use attachment if necessary)	
E.V. Decading data is along them to	he date of filing: (OF st be specific and cannot be more than five busi

**REQUIRED SIGNATURE:** 

Signature of a member of 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.)

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)