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: Carrie Ramos, Paralegal, please fax confirmation to 407 244-5690 Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 : (407)843-8880 Fax Number : (407)244-5690

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FLORIDA LIMITED LIABILITY CO.

Ron Jon Florida Mall, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of this Limited Liability Company is:

Ron Jon Florida Mall, LLC

ARTICLE II Address

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

3850 South Banana River Boulevard Cocoa Beach, Florida 32931

ARTICLE III Management

This Limited Liability Company is to be managed by one or more managers and is, therefore "manager-managed" limited liability company.

ARTICLE IV Initial Board of Managers

This Limited Liability Company shall have two (2) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be fewer than one.

The names and addresses of the initial managers of this Limited Liability Company are as follows:

<u>Name</u>

Debra A. Harvey

Street Address

3850 South Banana River Boulevard

Cocoa Beach, Florida 32931

Thomas E. O'Keefe

3850 South Banana River Boulevard

Cocoa Beach, Florida 32931

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ARTICLE V Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Lisa A. Specht GrayRobinson, P.A. 301 E. Pine Street, Suite 1400 Orlando, Florida 32801

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.

REGISTERED AGENT'S SIGNATURE

In accordance with Section 605.0203(1)(b), 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 in Section 817.155, Florida Statutes.

AUTHORIZED REPRESENTATIVE'S SIGNATURE

Lisa A. Specht, Authorized Representative

Type or printed name of signee

15 FEB -2 AM 8: 45
SECRETARY OF STATE