Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number   : (850)617-6381

From:

Account Name   : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone   : (215)563-8113
Fax Number   : (215)977-9386

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
ROMANS SEVEN, LLC

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

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MAR 12 2018

3/9/2018

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY *18 HAR -9 AH 10: 41*

ARTICLE I - Name:
The name of the Limited Liability Company is:

ROMANS SEVEN, LLC
_____

(Must contain 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: **Mailing Address:**

315 Crum Creek Lane   315 Crum Creek Lane
Newtown Square, PA 19073   Newtown Square, PA 19073

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:

W. Bradley Munroe, Esquire
_____
                           Name

239 East Virginia Street
_____
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee   FL   32301
_____
        City   State   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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title: **Name and Address:**
"AMBR" = Authorized Member
"MGR" = Manager

AMBR _____   Ronald Petersen
                                315 Crum Creek Lane
                                Newtown Square, PA 19073

AMBR _____   Janice Petersen
                                315 Crum Creek Lane
                                Newtown Square, PA 19073

AMBR _____   Robert Bruno
                                165 Tremont Street, Unit 1005
                                Boston, MA 02111

AMBR _____   Diane Bruno
                                165 Tremont Street, Unit 1005
                                Boston, MA 02111

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.**)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

_____
_____
_____

REQUIRED SIGNATURE:

_____
Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

R. W. Worthington, Jr., Authorized Representative
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)
$ 5.00 Certificate of Status (Optional)