

462 50/22



Phone: (503) 986-2200
Fax: (503) 378-4381

Articles of Organization—Limited Liability Company

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

FILED

SEP 15 2008

OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 547167-91
For office use only

In accordance with Oregon Revised Statute 192.410-192.490, all information on this form is publicly available, including addresses. We must release this information to all parties upon request and it will be posted on our website. For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME OF LIMITED LIABILITY COMPANY (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")
RJS ENTERPRISES, LLC

2) DURATION (Please check one.)

- Latest date upon which the Limited Liability Company is to dissolve is _____
- Duration shall be perpetual.

3) NAME OF THE PERSON WHO WILL ACCEPT LEGAL SERVICE FOR THIS BUSINESS (INITIAL REGISTERED AGENT)
PACIFIC REGISTERED AGENTS, INC.

4) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS (Must be an Oregon Street Address, which is identical to the registered agent's business office.)
942 Windmere Dr., NW
Salem, Oregon 97304-2722

5) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES
1050 Rosecrans St., Suite 4
San Diego, CA 92106

6) NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS (ORGANIZER)

Paul S. Trusso
Law Offices of Paul S. Trusso, APC
1050 Rosecrans St., Suite 4
San Diego, CA 92106

7) IF THIS LIMITED LIABILITY COMPANY IS NOT MEMBER MANAGED, CHECK ONE BOX BELOW.

- This limited liability company is managed by a single manager.
- This limited liability company is managed by multiple manager(s)

8) IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED.

9) OPTIONAL PROVISIONS (Attach a separate sheet if necessary)

(OPTIONAL) LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES

10) OWNERS (MEMBERS) (Names and Street address)

11) MANAGERS (MANAGERS) (Names and Street address)

12) EXECUTION/SIGNATURE OF THE PERSON WHO IS FORMING THIS BUSINESS (ORGANIZER) (The title for each signer must be "Organizer")

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature

Paul S. Trusso

Printed Name

Paul S. Trusso

Title

Organizer

Organizer

Organizer

Organizer

13) CONTACT NAME (To resolve questions with this filing.)

Paul S. Trusso

DAYTIME PHONE NUMBER (include area code)

619.226.2628

FEES

Required Processing Fee \$50
Confirmation Copy (Optional) \$5

Processing Fees are non-refundable

Please make checks payable to "Corporation Division"

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.