

L13000028537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

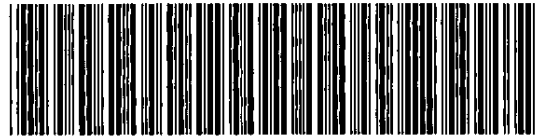
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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 FEB 22 AM 9:43
NOT ATTACHED
TO ACKNOWLEDGE
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FILED
13 FEB 22 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 02/22/2013

REF. #: 000409.181430

CORP. NAME: RISUBI ENTERPRISES, LLC

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TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 103545 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

Examiner's Initials

1

**ARTICLES OF ORGANIZATION
OF
RISUBI ENTERPRISES, LLC**

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TALLAHASSEE, FLORIDA

ARTICLE I: - Name

The name of the Limited Liability Company is **Risubi Enterprises, LLC.**

ARTICLE II: - Address

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

**4665 North Bay Road
Miami Beach, Florida 33140**

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

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

**NRAI Services, Inc.
515 East Park Avenue
Tallahassee, FL 32301**

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.

NRAI Services, Inc.



Name: Michele Holden

Title: Assistant Secretary

ARTICLE IV: - Management


The Limited Liability Company is to be managed by one or more Managers and is, therefore, a manager-managed company.

ARTICLE V: - Managers

The name and address of the initial Manager is as follows:

MGR

Samuel Getz
4665 North Bay Road
Miami Beach, Florida 33140



Philip B. Schwartz, Esq. 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.)

Philip B. Schwartz
Typed or printed name of signee