Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX CARE DORAL Account Number : I20190000008 Phone : (786)845-8854 Fax Number : (321)473-3052

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

jessica. Horres @ laccarcine. com

FLORIDA LIMITED LIABILITY CO. RR INTERNATIONAL LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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Help

COVER LETTER

	w Finng Sec vision of Cor				
CUBIECT		NATIONAL LLC			
SUBJECT		Name	of Limited Li	ability Company	
The enclose	ed Articles of	Organization and fee	(s) are submi	tted for filing.	
Please retu	m all correspo	ondence concerning t	his matter to t	the following:	
	JESSICA TO	ORRES			
			Nam	e of Person	
	TAX CARE	FRANCHISE GRO	JP		
			Firm	√Company	
	1400 NW 10	7TH AVE STE 430			
			A	Address	
	SWEETWA	TER FL 33172			
	iessica torres(@taxcareinc.com	City/Stat	e and Zip Code	
;			e used for fut	ure annual report notificat	tion)
For further i	nformation co	ncerning this matter,	please call:		
	Jessica Torre	s	786 at (845-8854	
	Nam	se of Person		de Daytime Telephoi	ne Number
Enclosed is	s a check for t	he following amount	:		
	Filing Fee	□\$130.00 Filing Certificate of Stat	Fee& 🗆	\$155.00 Filing Fee & entified Copy itional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	Nisia.
		iling Section on of Corporations		New Filing Section E The Centre of Tallah	
		Box 6327		2415 N. Monroe Str	
		assee, FL 32314		Tallahassee, FL 3230	03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RR INTERNATIONA	AL LLC		
	ain the words "Limited I	iability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ac	ddress of the principal of	fice of the Limited	Liability Company is:
Princips	al Office Address:		Mailing Address:
58 NE 14TH ST APT	r 3319	58 N	IE 14TH ST APT 3319
MIAMI FL 33132		MIA	MI FL 33132
(The Limited Liability Company another business entity with an a The name and the Florida street a	eannot serve as its own active Florida registration	n.) agent are:	You must designate an individual or
another business entity with an a	cannot serve as its own active Florida registration address of the registered	Registered Agent. \(\) agent are: A Name	You must designate an individual or
another business entity with an a	cannot serve as its own active Florida registration address of the registered GERMAN A RIVER.	Registered Agent. \(\) agent are: A \(\) Name	You must designate an individual or
another business entity with an a	eannot serve as its own active Florida registration address of the registered GERMAN A RIVER 58 NE 14TH ST APT	Registered Agent. \(\) agent are: A \(\) Name	You must designate an individual or
another business entity with an a	eannot serve as its own active Florida registration address of the registered GERMAN A RIVER 58 NE 14TH ST APT Florida street address	Registered Agent. You agent are: A Name 3319 (P.O. Box NOT ac	You must designate an individual or

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Me	mber
"MGR" = Manager	
MGR	GERMAN A RIVERA
	58 NE 14TH ST APT 3319 MIAMI FL 33132
	MINITE
MGR	MARIA FABIOLA ROJAS
WOR	58 NE 14TH ST APT 3319
	MIAMI FI, 33132
(Use attachment if necessa	ry)
•	
RTICLE V: Effective date, if other	r than the date of filing: (OPTIONAL)
RTICLE V: Effective date, if other	
RTICLE V: Effective date, if other fan effective date is listed, the date date of filing.)	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior to or 90 days after
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)