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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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T. SCOTT



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02/22/16--01042--003 **160.00



COVER LETTER

TO: Registration Section ' Division of Corporations
SUBJECT: Tru-Blue R & C L L C. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Juan Carlos Lopez Name of Person
Firm/Company
2623 Jackson St Address
Hollywood FL 33020 City/State and Zin Code
Hollywood FL 33020 City/State and Zip Code Juan 14 Jacob 29 a cimal Com Je-mail address: (to be Jused for future annual report notification)
For further information concerning this matter, please call:
Juan C. Lopez at (786) 262-6071 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tru-Blue RBC LLC.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2623 Tockson St Hally Wood Fl 33020	2623 Jackson St. Hollywood Fl 33020
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.)	
The name and the Florida street address of the registered a	gent are:
The Flooring M Name	asters, LLC
Florida street address (P.O. Box 1	NOT acceptable)
Holly City	FL 33010
the place designated in this certificate. I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in 605, F.S
Registered Agent's Signatu	re (REQUIRED)
(CONTINUE	D
Page 1 of 2	PQ Sp

ARTICLE IV- The name and address of each person auti	horized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	
AMBR/MGR	Juan Carlos Lopez 2623 Jackson St Hollywood FL 33020
AMBR/MGR	Amparo Lopez 2623 Jackson 3+ Hollywood FL 33020
ise attachment if necessary)	
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be spetthe date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
RECOINED SIGNATURE:	
	I in a document to the Department of State
Brend	Typed or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of Organization a of Registered Agent \$ 30.00 Continued Const. (Ontional)	nd Designation
\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)	

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