

Requester's Name

Addre

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

I. _____
(Corporation Name) (Document #)


2. _____
(Corporation Name) (Document #)

3. _____ -12/11/00--01053--014
(Corporation Name) (Document #) ****160.00 ****160.00

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

 Certified Copy

☐ Mail out☐ Will wait

 Photocopy

 **Certificate of Status**

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

RECEIVED
AND
FILED
00 DEC 11 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Renga Roberts, L.L.C.
Ent.

ARTICLE II - Address:

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

12601 N. W. 19th Ave
Miami FL 33167

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

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

Calvin Roberts / Paul Alvarenga
Name
12601 N.W. 19th Ave
Florida street address (P.O. Box **NOT** acceptable)
Miami FL 33167
City, State, and 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 608, F.S.

[Signature]
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

Calvin Roberts / Paul Alvarenga
12601 N. W. 19th Ave.
Miami FL 33167

Article V Please make effective date January 1st 2001
(An additional article must be added if an effective date is requested)

[Signature]
Signature of a member or an 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.)

Calvin Roberts / Paul Alvarenga
Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

APPROVED
AND
FILED
00 DEC 11 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA