

L03000025546

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

03 JUL 14 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

rb xv, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

7-14-03

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: RB XV, LLC

ARTICLE II - Address:

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

Principal Office Address:

9240 Sunset Drive

Suite 100

Miami, Florida 33176

Mailing Address:

9240 Sunset Drive

Suite 100

Miami, Florida 33176

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

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

Maria Fernandez Valle, Esq.

Name

10570 N.W. 27 Street Unit 103

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL

33172

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.



Registered Agent's Signature

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Rolando Benitez

9240 Sunset Drive Suite 100
Miami, Florida 33172

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED 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.)

MARIA Fernandez-Valle

Typed or printed name of signer

Filing Fees:

\$180.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.80 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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