

W03 000029692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

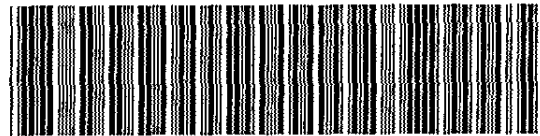
(Business Entity Name)

(Document Number)

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W03-29692  
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RG Tampa Real Estate Holdings, LLC  
(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:

Rodolfo Gari

(Name of Person)

RG Tampa Real Estate Holdings, LLC

(Firm/Company)

4726 N Habana Ave. Suite 104

(Address)

Tampa, FL 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

Rodolfo Gari

(Name of Person)

at ( 813 ) 478-6018

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:  
RG Tampa Real Estate Holdings, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

Rodolfo Gari  
4726 N. Habana Ave. Suite #104  
Tampa, FL 33614

#### Mailing Address:

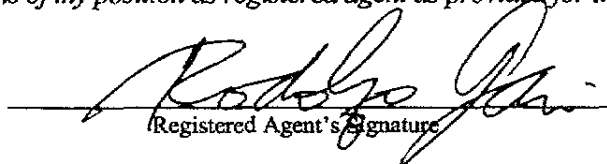
Rodolfo Gari  
4726 N. Habana Ave. Suite #104  
Tampa, FL 33614

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

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

Rodolfo Gari  
Name  
4726 N. Habana Ave. Suite #104  
Florida street address (P.O. Box **NOT** acceptable)  
Tampa, FL 33614 FL  
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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Rodolfo Gari

4726 N. Habana Suite 104

Tampa, FL 33614

Member

Maria Gari

4654 Westford Circle

Tampa, FL 33614

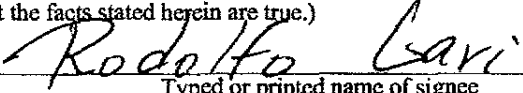
(Use attachment if necessary)

**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.)

  
Typed or printed name of signee

**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)