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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

RECEIVED
05 FEB -8 PM 3:32
DIVISION OF CORPORATION

2005 FEB -8 AM 10:15
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

rumar, llc

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

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(3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RUMAR, LLC

ARTICLE II - Address:

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

Principal Office Address:

8477 GLENCAIRN TERRACE
MIAMI LAKES, FL 33016

Mailing Address:

8477 GLENCAIRN TERRACE
MIAMI LAKES, FL 33016

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

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

MARIA ELENA MORIYON

Name

8477 GLENCAIRN TERRACE

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

MIAMI LAKES FL 33016

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 603, F.S.

X

[Signature]
Registered Agent's Signature

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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:
"MGR" - Manager
"MGRM" - Managing Member

Name and Address:

MGRM

RUBEN GONZALEZ
8477 GLENCAIRN TERRACE
MIAMI LAKES, FL 33016

MGRM

THE GONZALEZ FAMILY LIMITED PARTNERSHIP
8477 GLENCAIRN TERRACE
MIAMI LAKES, FL 33016

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

[Signature]
Signature of a partner or an authorized representative of a partner.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARIA ELENA MORIYON
Typed or printed name of signor

Filing Fees

- \$72.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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