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M. HODGES



TRANSMITTAL LETTER

TO: Registration Sec Division of Cor				 .
SUBJECT: RGO PAR	RTNERS, LLC			, je m
	(Name of Limited	l Liability Company)		
	Organization and fee(s) are su			
-	Clements, Esq.			
	(1)	Jame of Person)		
THE LAW OFFICE O	OF JEFFREY L. CLEMENTS			
	1)	Firm/Company)		
33 EAST CA	MINO REAL, SUITE 811	(Address)		,
		(Address)		
BOCA	RATON, FLORIDA 33432			
"	(City/	State and Zip Code)		
For further information of	concerning this matter, please of	call:		
JEFF CLEMENTS		at (954) 608-1921		
(Name	of Person)	(Area Code & Daytime Te	elephone Number)	1-
Enclosed is a check fo	r the following amount:			
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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:				
RGO PARTNERS, LLC				
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
	9311 ORANGE GROVE DRIVE SUITE 306 DAVIE, FLORIDA 33324			
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:			
The name and the Florida street address of the re-	gistered agent are:			
GARETH OJEDA				
Name				
9311 ORANGE GROVE DRIVE, SUITE 306				
Florida street address (P.O. Box NOT acceptable)				
DAVIE, FLORIDA 33324 FL				
City, State, an	d Zip			
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete personal c	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	GARETH OJEDA 9311 ORANGE GROVE DRIVE, SUITE 306 DAVIE, FLORIDA 33324			
MGRM	RICARDO OJEDA 72 HIGHLAND TERRACE STAFFORD SPRINGS, CONNECTICUT 06076			
(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 s an affirmation under the penalties of perjury			
GARETH OJEDA				
Typed	or printed name of signee			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)