

| (Reque | estor's Name) | | | |
|---|-------------------|-------------|--|--|
| (Addre | ss) | | | |
| (Addre | ss) | <u> </u> | | |
| (City/S | tate/Zip/Phone #) | | | |
| PICK-UP | WAIT | MAIL | | |
| (Busine | ess Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of | Status | | |
| Special Instructions to Filing Officer: | | | | |
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| \mathcal{M} | Office Use Only | | | |



08/22/05--01008--014 **130.00 **



TRANSMITTAL LETTER

| • | _ | tration Section of Cor | | | | |
|---|------------------|------------------------|---|---|---------------------------------------|--|
| | SUBJECT: F | RUMO, LI | | d Linhillity Comm | · · · · · · · · · · · · · · · · · · · | |
| | | | (Name of Limite | u Liability Comp | any) | |
| | The enclosed A | Articles of | Organization and fee(s) are so | ubmitted for filin | g. | |
| | Please return a | li correspo | ondence concerning this matte | r to the following | g: | |
| | 4 | Alfred J. I | Mogavero | | | |
| | | | (1 | Name of Person) | | |
| | | | | | | |
| | | | | | | |
| | | | (1) | Firm/Company) | | |
| | | | | | | |
| | 390 | 0 Galt O | cean Drive #1612 | | | |
| | | | | (Address) | | ř " |
| | | | | | | TAS 05 |
| | | Fort L | auderdale, FL 33308 | | | AUG 22 ELAHASS |
| | | | | State and Zip Cod | e) | 6 22 H. S. |
| | | | | | | |
| | For further info | ormation c | oncerning this matter, please | call: | | PH 2: 35 |
| | | | | | | |
| | Alfred J. Mog | | | at (954 |) <u>937-3733</u> | |
| (Name of Person) | | | (Area Co | ie & Daytime Te | elephone Number) | |
| | Enclosed is a | check for | the following amount: | | | · |
| (| □ \$125.00 Fil | ing Fee | ♥ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 F Certified Cop (additional copy | y | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | STREE | ET ADDRESS: | | MAILING A | DDRESS: |
| | | Registr | ation Section | | Registration S | |
| Division of Corporations 409 E. Gaines Street | | | Division of Co P.O. Box 6327 | | | |
| | | 407 Ľ. | Cames outer | | F.U. DUX 032 | , |

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Comp | pany is: | |
|--|---|--|
| RUMO, LLC | | |
| ARTICLE II - Address: The mailing address and street address of | of the principal office of the Limited Liability Company is: | . : |
| Principal Office Address: | Mailing Address: | |
| 3900 Galt Ocean Drive #1612 | | - 1 |
| Fort Lauderdale, FL 33308 | | |
| ARTICLE III - Registered Agent, Re | gistered Office, & Registered Agent's Signature: | |
| The name and the Florida street address | of the registered agent are: | |
| Alfred J. Mogavero | or me regimened agent me. | |
| | Name | ··· : ===- |
| 3900 Galt Ocean Drive | e #1612 | |
| Florida | street address (P.O. Box NOT acceptable) | 77 |
| Fort Lauderdale, FL 3 | 33308 FL ARR | # g |
| Cit | y, State, and Zip | <u> </u> |
| liability company at the place designate registered agent and agree to act in this statutes relating to the proper and com | t and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all aplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S | A STATE OF THE STA |
| A J | " | |
| Kegistere | d Agent's Signature | |

(CONTINUED)

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> | Name and Address: | |
|--------------------------------------|--|-----------------------|
| "MGR" = Manager "MGRM" = Managing Me | mher | |
| WORW - Managing Mc | inoci | |
| MGR | Alfred J. Mogavero | |
| | 3900 Galt Ocean Drive #1612 | • |
| | Fort Lauderdale, FL 33308 | ·· |
| MGRM | Scott Rubin | |
| , | 989 Harborview North | * * * * · · * * |
| | Harbor Islands, FL 33019 | • •m |
| | | 1 + 4 777 |
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| | | • • • |
| | | |
| (Use attachment if necessa | erv) | |
| (Obe attackment it meesse |), | |
| NOTE: An additional ar | ticle must be added if an effective date is requested. | |
| DECYMDED CICNATUR | nr. | |
| REQUIRED SIGNATUR | Œ: | |
| | IN 1 1. | |
| | The day of a marriage PSP SI | |
| Signature | of a member or an authorized representative of a member. | |
| (In accord | dance with section 608.408(3), Florida Statutes, the execution | |
| of this do | cument constitutes an affirmation under the penalties of perjury | . |
| | racis stated nerein are true.) | is Sanagraphy |
| | Alfred J M | 3 4 11 |
| | Typed or printed name of signee | |
| Filing Fces: | RATE RIDE | # · · · |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)