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(((H06000090058 3)))

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : DELOACH & HOFSTRA, P.A.

Account Number : I19990000123 Phone : (727)397-5571 Fax Number : (727)393-5418

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### R & R CAPITAL GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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Corporate Filing Menu

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04/08/2006 THU 09:11 FAX 850-205-0381

4/6/2006 9:51 PAGE 001/001

Florida Dept of State



April 6, 2006

FLORIDA DEPARTMENT OF STATE Division of Corporations

DELOACH & HOFSTRA, P.A.

SUBJECT: R & R CAPITAL GROUP, LLC

REF: W06000016329

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 5, 2006. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist FAX Aud. #: H06000090058 Letter Number: 406A00023308

P.O BOX 6327 - Tallahassec, Florida, 32314

04/08/2006 THU 09:12 FAX FAX AUDIT #H06000090058 3 . .

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	Name: c Limited Liability Comp:	any is:
	•	
	L GROUP, LLC	
(Must end with the	words "Limited Liability Company	y, "Limited Compuny" or their abbreviation "LLC," or "L.C.,")
ARTICLE II		
The mailing ad	dress and street address of	f the principal office of the Limited Liability Company is:
Principal Offi	ce Address:	Mailing Address:
6975 First Avenue	North	6975 First Avenue North
St. Petersburg, Ft	. 33710	St. Petersburg, FL 33710
, <u>,</u>		
(The Limited Liabil	- Registered Agent, Registered Agent, Registered Agent, Registration of the Registration.)	istered Office, & Registered Agent's Signature; wn Registered Agent. You must designate an individual of mother
(The Limited Liabil business entity wit	ity Company cannot serve as its ov h an active Florida registration.)	istered Office, & Registered Agent's Signature; wn Registered Agent. You must designate an individual or mother of the registered agent are:
(The Limited Liabil business entity with	ity Company cannot serve as its ov h an active Florida registration.)	of the registered agent are:
(The Limited Liabil business entity with	ity Company cannot serve as its ov h an active Florida registration.) the Florida street address t	of the registered agent are:
(The Limited Liabil business entity wit	ity Company cannot serve as its ov h an active Florida registration.) the Florida street address of Ramon N. Lorenzo 6975 First Avenue N	of the registered agent are:
(The Limited Liabil business entity with	ity Company cannot serve as its ov h an active Florida registration.) the Florida street address of Ramon N. Lorenzo 6975 First Avenue N	of the registered agent are:
(The Limited Liabil business entity wit	ity Company cannot serve as its over the American Florida street address of Ramon N. Lorenzo  6975 First Avenue N Florida s St. Petersburg, FL 3377	of the registered agent are:  Name  North  Prect address (P.O. Box NOT acceptable)

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 (REQUIRED)

(CONTINUED)
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FAX AUDIT #H0600009005P-3

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

Title: "MGR" = Manager "MGRM" = Managing Member		Name and Address:	
MGRM		RAMON N. LORENZO	
		6975 FIRST AVENUE N.	
		ST. PETERSBURG, FL 33710	
MGRM		ROBIN M. SIBUCAO	_
		701 66TH AVENUE S.	
		ST. PETERSBURG, FL 33705	
			<del></del>
<del></del>	•	<u> </u>	5£

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_April, 4, 2006 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

RAMON N. LOREZNO and ROBIN M. SIBUCAO

Typed or printed name of signee

#### Filing Fees:

\$125.00 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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