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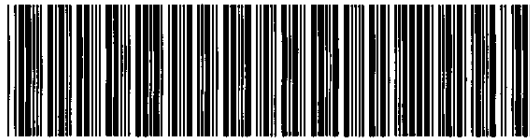
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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. RFMC LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

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**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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Examiner's Initials

**ARTICLES OF ORGANITAZION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

**The name of the Liability Company is:**

**RFMC LLC**

**ARTICLE II – Address:**

**The mailing address and street address of the principal office of the Limited Liabilities Company is:**  
11232 NW 51 TERR DORAL FL 33178

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

LUCIANO CARLOS CAMPOS

Name

11232 NW 51 TERR

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

DORAL FL 33178

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 designed 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 familiar with and accept the obligations of my positions as registered agent as provided for ub Chapter 608, F.S.*

  
Registered Agent's Signature

**ARTICLE IV - Management ( Check box if applicable.)**

- ☒ The Limited Liabilities Company id to be managed by one manager of more managers and is, therefore, a manager - managed company.

LUCIANO CARLOS CAMPOS **MANAGER**  
11232 NW 51 TERR DORAL FL 33178

SARA ROSA BUSTAMANTE **MANAGER**  
11232 NW 51 TERR DORAL FL 33178

**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 and affirmation under the ponalties of perjury that the facts stated herein are true.)*

LUCIANO CARLOS CAMPOS X

SARA ROSA BUSTAMANTE X

Typed of printed name of signee

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