

L07000051875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

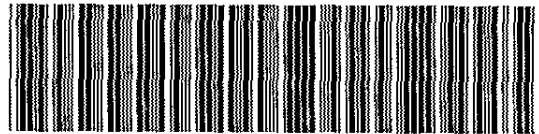
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07 MAY 15 AM 10:58

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TALLAHASSEE, FLORIDA

JB

Charter Number Only

5/15/07

Requestor's Name
Address
City State ZIP Phone

VALIDATION ONLY

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DIVISION OF CORPORATIONS
07 MAY 16 AM 10:58

CORPORATION(S) NAME

Rittrato, LLC

- ☒ Profit
☐ NonProfit
☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☒ Certified Copy of Articles
☐ Call When Ready
☒ Walk In
- ☐ Amendment
☐ Dissolution
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call If Problem
☐ Will Wait
- ☐ Merger
☐ Mark
☐ Other
☐ Change of Registered Agent
☐ Certificate Under Seal
☒ Pick Up
☐ After 4:30
☐ Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RITRATTO, LLC

ARTICLE II - Address:

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

5538 Albin Drive
Greenacres FL 33463

ARTICLE III - Registered Agent and Registered Office:

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

NORIEL TAFALLA
Name
5538 Albin Drive
Florida street address (P.O. Box **NOT** acceptable)
Greenacres FL 33463
City, State and Zip

FILED STATE'S
SECRETARY OF CORPORATIONS
07 MAY 16 AM 10:58

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.

Noriel Tafalla
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Ruel Tafalla
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.)

RUEL TAFALLA
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

First that Ritratto, LLC
desiring to organize under the laws of the State of Florida
with its principal office, as indicated in the articles of incorporation has
named NORIEL TAFALLA
located at 5538 Albin Drive
City of Greenacres County of Palm Beach State of Florida,
as its agent to accept service of process within the state.

FILED
STATE OF FLORIDA
SECRETARY OF CORPORATIONS
OCT 16 AM 9:58

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

SIGNATURE Norie P Tafalla
Registered Agent