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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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Effective Date 61/01/08

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: RRR OWNING BLOS AND INSPECTIONS, LLC (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RAFAR V. ROSONOTE
(Name of Person)
••
(Firm/Company)
7801 0111 15 (0)
· 7801 NW 15 COURT (Address)
PEMBRONE PINES, Fr. 33024 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
RAFAEL V. ROSOVERY at (954) 394-2019 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$  Certificate of Status Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Effective Date 01/01/08

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
RRR OVALITY BPOS AND INSPECTIONS, LI (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited I	Liability Company is:
Principal Office Address: Mailing Address:	
7801 NW 15 COURT 7801 NW 15 CO REMBROKE PINES, FL. 33024 PEMBROKE PINES,	5URT Fr. 33-24
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indibusiness entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
RAFAEL V. ROSQUETE Name	
Name	
7801 NW 15 COURT	
Florida street address (P.O. Box NOT acceptable)	
PEMBROUE PINES, FL 33024 City, State, and Zip	
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and domplete performance of my duties, and I domplete the obligations of my position as registered agent as provided for in	the appointment as th the provisions of all am familiar with and Chapter 608, F.S
Registered Agent's Signature (REQUIRED)	OT DEC 17

(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> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
PRES.	RAFAEL V. ROSOWETE 7801 NW 15 COURT PEMBROKE PENES, Fr. 33024
MGR.	ELVILA ROSQUETE
1 101.	17430 NW 47 CT.
	MTANZ, A. 33055
·	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than a	the date of filing: $01/01/2008$ (OPTIONAL)
(If an effective date is listed, the date mus to or 90 days after the date of filing.)	t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE	M. March
Signature of a mer	nber or an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution
of this document co	institutes an affirmation under the penalties of perjury

Filing Fees:

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

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE OF CORPORATION

Typed or printed name of signee