

L08000694857

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000230516 3)))



H080002305163ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I200000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RMV ENTERPRISES GROUP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

08 OCT -7 AM 6:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 OCT -7 A 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON

OCT - 8 2008

EXAMINER

H08000230516

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RMV Enterprises Group LLC
(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 Liability Company is:

Principal Office Address:

18800 NE 29th AVE
Suite 512
Aventura FL 33180

Mailing Address:

P.O. Box 450941
Miami, FL 33245

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Milena Dager
Name

18800 NE 29th AV Suite 512
Florida street address (P.O. Box **NOT** acceptable)

Aventura FL 33180
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 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.

Milena Dager
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H08000230516

2008 OCT -7 A 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H08000230516**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMNilena Dager
18800 NE 29th AVE Suite #512
Aventura, FL, 33180MGRMRuben Daniel Ibarra
18800 NE 29th AVE Suite #512
Aventura FL, 33180MGRMJuan Miguel Varela
3131 NE 188 St Suite #1-705
Aventura FL, 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:Ruben Daniel Ibarra

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.)

Ruben Daniel Ibarra

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)

H080002305162008 OCT -7 A 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FILED**