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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RPP SERVICES, LLC	
Sopotic I.	Limited Liability Company)
(1111110-01.2	William Zinomi, company
The enclosed Articles of Organization and fee(s)	C Limited Liability Company) are submitted for filing.
Please return all correspondence concerning this	
ROSA PAULINO	
	(Name of Person)
RPP SERVICES, LLC	
	(Firm/Company)
2383 NW 31 ST	
	(Address)
MIAMI, FL 33142	
	(City/State and Zip Code)
For further information concerning this matter, p	please call:
ROSA PAULINO	at (786) 985-9672 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amour	nt:
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of Statu	
Mailing Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building

ARTICLE I - Name:	00
The name of the Limited Liability Co	mpany is:
RPP SERVICES, LLC	
	imited Liability Company, "L.L.C.," or "LLC.")
ADTICLE II Address	· 100/
ARTICLE II - Address:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ARTICLE II - Address: The mailing address and street addres	s of the principal office of the Limited Liability Company
	s of the principal office of the Limited Liability Company Mailing Address:
The mailing address and street addres	· · · · · · · · · · · · · · · · · · ·

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

ROSA PAULINO
Name
2383 NW 31 ST
Florida street address (P.O. Box NOT acceptable
MIAMI, FL 33142 _{FL}
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..

Registered Agent's Signature (REQUIRED)

(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:

40D	ROSA PAULINO
MGR	2383 NW 31 ST
	MIAMI, FL 33142
	
(Use attachment if necessary)	
	(OPTION)
LE V: Effective date, if other that fective date is listed, the date m	an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business day
days after the date of filing.)	ust be specific and cannot be more than five business day

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.)

ROSA PAULINO

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)