## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6383

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335 Phone : (305)599-0839

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# FLORIDA/FOREIGN LIMITED LIABILITY CO.

RGS SERVICES, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filling I

MAY 1 8 2009

Help

EXAMINER

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name:	
The name of the Limited Liability Compa	any is:
,	
	RVICES, LLC
(Must end with the words "Limite	ed Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13272 NW 10th TERRACE	13272 NW 10th TERRACE
MIAMI, FL 33182	MIAMI, FL 33182
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)  The name and the Florida street address of	stered Office, & Registered Agent's Signature: In Registered Agent, You must designate an individual or another of the registered agent are:
RAUL	. GONZALEZ
	Name
13272 NV	V 10th TERRACE
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)
. MIAMI	FL
City,	State, and Zip
Pro to the contract of	-34

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 we 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:

Title: "MOR" = Manager "MGRM" = Managing Member	Name and Address:
MANAGER	RAUL GONZALEZ 13272 NW 10th TERRACE MIAMI, EL 33182
MANAGER	SANDRA V. GONZALEZ 13272 NW 10th TERRACE MIAMI, FL 33182
1901 - 100 -	
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: 5/15/09 (OPTION) be specific and cannot be more than five husiness day
REQUIRED SIGNATURE:	

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 heroin are true.)

RAUL GONZALEZ Typed or printed name of signoc

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)