L09000098396

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Dusiness Entity Name)	
(Business Entity Name)	
(Document Number)	·
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	· .
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DIVISION OF CORPORATION

PILED STATE STATE STATE STATE OF CORPORATION OF CORPORATION

B. KOHR

OCT 1 2 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 OCT 12 PM 4: 04

DEPARTMENT OF STATE OF OLIVISION OF CUR OF ATTRIBUTE OF TALLAHASSFE, ORIGINAL ORIGIN

October 9, 2009

LAZARUS

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CONT.

TALLAHASSEE, FL

SUBJECT: R&R INVESTMENT OF FLORIDA, LLC

Ref. Number: W09000045235

We have received your document for R&R INVESTMENT OF FLORIDA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED YOUR \$130.00 PAYMENT.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 109A00032646

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

OOCT 12 MI. 35

· .	Office Use Only
CORPORATION NAME(S) & DOCUMENT N	UMBER(S), (if known):
1. R&R Investment (Corporation Name)	OF FLORIDA, LLC (Dodument #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time 2.00	,
••	ENDMENTS
Not for Profit Limited Liability Domestication	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS REG	SISTRATION/QUALIFICATION
Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
CP2E021/7/07\	Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Compa	ıny is:		0900
RM: 145 INVESTMEN	NTS OFFEI	ORIDA ((C	
(Must end with the words "Limited Liability Company,	-		C.,")
ARTICLE II - Address: The mailing address and street address of	the principal o	office of the Limited Liabili	ty Company is
Principal Office Address:	<u>Mailir</u>	ng Address:	
15659 SW 73 CIRCLE TERR APT 53	P.O.	. BOX 960151	
MIAMI, FLORIDA 33196		FLORIDA 33296	
	· —		· ·
	f the registered E. MELENDEZ Name	_	
15659 SW 73 CIF	RCLE TERRA	CE APT 53	
Florida str	reet address (P.O.	. Box NOT acceptable)	
MIAMI,	FL	331 96	
City,	State, and Zip		
Having been named as registered agent a liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and complete accept the obligations of my position at Registered Agent's	ed in this certif apacity. I furth lete performand is registered ag	Sicate, I hereby accept the apport of the apport of the post of my duties, and I am famper of the provided for in Chapter	pointment as provisions of all piliar with and
/ san s	8 (. 22.4)	,	

(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:

"MGR" = Manager "MGRM" = Managing Me	Name and Address:
• •	
MGRM	RAMON E MELENDEZ
	15659 SW 73 CIRCLE TERRACE APT 53 MIAMI, FL 331 96
	WINAWI, I C 331 30
	
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<u> </u>	
(Use attachment if necessar	ry)
LE V: Effective date, if oth	er than the date of filing: (OPTION)
LE V: Effective date, if oth	er than the date of filing: (OPTION ate must be specific and cannot be more than five business da
LE V: Effective date, if oth fective date is listed, the date days after the date of filing	er than the date of filing: (OPTION and cannot be more than five business days.)
LE V: Effective date, if oth ffective date is listed, the date days after the date of filing REQUIRED SIGNATUR	er than the date of filing: (OPTION ate must be specific and cannot be more than five business day.) E:
LE V: Effective date, if oth fective date is listed, the date days after the date of filing REQUIRED SIGNATUR Signature (In accordate of this doesn't)	er than the date of filing: (OPTION. ate must be specific and cannot be more than five business dag.)