# L10000015514

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIĻ
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	
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SECRETARY OF STATE
TALL ANASSEE FLORES

D. BRUCE

FEB 10 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co								
SUBJI	ECT:	· I	Rick	Ruz, PLLC					
		Name of Limi	ted Lia	bility Company	·				
The en	closed Articles o	of Organization and fee(s) are	submi	tted for filing.					
Please	return all corresp	oondence concerning this ma	tter to t	he following:					
				k Ruz					
			Name	of Person					
		F	Rick R	Ruz, PLLC					
			Firm/	Company					
		85	50 S\	N 20th ST			Ĭ,	<i>r</i>	
			A	ddress			LLA	Ö	
		N	liami,	FL 33155			HAS	<u>E8</u>	ו ה
		C	ty/State	and Zip Code			SEE	9	r
		ricl	ruz@	yahoo.com			اير لد	P⊭	_ [7]
		E-mail address: (to be used		re annual report notific	ation)		0R/	Ü	
For fur	ther information	concerning this matter, pleas	e call:				DA	Ö	
	R	ick Ruz	at (	305 )	9	62-1061			
	Name	of Person		Area Code & Dayti	me Tele	phone Number	<u> </u>		
Enclos	sed is a check fo	or the following amount:							
_		\$130.00 Filing Fee & Certificate of Status		55.00 Filing Fee &	: [	]\$160.00 F:			
		Certificate of Status		ertified Copy additional copy is enclo	sed)	Certificate Certified ( (additional of	Сору		
		Mailing Address Registration Section		Street/Courier A Registration Section					

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I –	Name:	
The name of the Limite	ed Liability Company is:	
	Rick Ruz PLLC	

The mailing address and street address of the principal office of the Limited Liability Company is:

ADTICLE

ARTICLE II - Address:

Principal Office Address: **Mailing Address:** 8550 S.W. 20th ST 8550 S.W. 20th ST Miami, FL 33155 Miami, FL 33155

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent Signature:

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

Rick Ruz 8550 SW 20th ST Miami, FL 33155

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.

## ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager ("MGR") or Managing Member ("MGRM") is as follows:

Title: MGRM Name and Address:

Rick Ruz 8550 SW 20th ST Miami, FL 33155

(CONTINUED)

### ARTICLE V - EFFECTIVE DATE:

Effective date is the date of filing.

#### **ARTICLE VI - PURPOSE:**

Rick Ruz PLLC is organized for the purpose of providing legal services.

**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 herein are true).

#### Rick Ruz

Type 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)

FILED

10 FEB -9 PM 12: 46

SECRETARY OF STATE.

FALLAHASSEF, FINALE.