

L10000121646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**

NOV 23 2010

**EXAMINER**

Office Use Only



800187863608

11/22/10--01003--020 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 NOV 22 PM 3:59

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CIRO LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAUL EDUARDO RUIDIAZ

Name of Person

CIRO LLC.

Firm/Company

5445 COLLINS AVE # 1117

Address

MIAMI BEACH FLORIDA 33140

City/State and Zip Code

rruidiaz2000yahoo.com.ar

E-mail address: (to be used for future annual report notification)

2018 NOV 22 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

RAUL EDUARDO RUIDIAZ at ( 305 ) 9056790

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

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 Limited Liability Company is:

CIRO 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:

Collins Ave. 5445 # 1117  
MIAMI BEACH FL 33140

#### Mailing Address:

Collins Ave. 5445 # 1117  
MIAMI BEACH FL 33140

### 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:

RAUL EDUARDO RUIDIAZ

Name

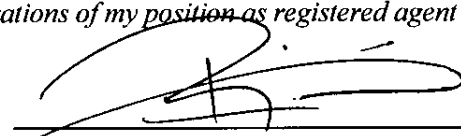
Collins Ave. 5445 # 1117

Florida street address (P.O. Box **NOT** acceptable)

MIAMI BEACH FL 33140

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)

2010 NOV 22 PM 3:59  
SECRETARY OF THE  
TALLAHASSEE, FLORIDA

FILED

**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:**

MGR

RAUL EDUARDO RUIDIAZ

5445 COLLINS AVE. # 1117 MIAMI BEACH FL 33140

MGRM

MARTHA ELENA GARCIA

5445 COLLINS AVE. # 1117 MIAMI BEACH FL 33140

MGRM

LAUTARO AGUSTIN RUIDIAZ

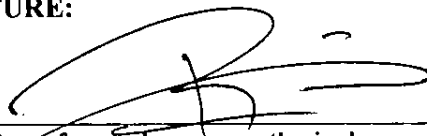
5445 COLLINS AVE. # 1117 MIAMI BEACH FL 33140

(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:**



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**RAUL EDUARDO RUIDIAZ**

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)**

FILED  
2010 NOV 22 PM 3:59  
STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE