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(Re	questor's Name)	,
(Ad	dress)	
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(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status

Special Instructions to Filing Officer:

L. SELLERS

JAN 27 2011

EXAMINER

Office Use Only

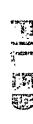


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COVER LETTER

	egistration Secti vision of Corpo			•
SUBJECT	. Rcc	Best S	Solutions ited Liability Company	LLC
	•	Name of Lim	ited Liability Company	
The enclos	ad Articles of Or	ganization and fee(s) an	o submitted for filing	
		•		
Please retu	•	ence concerning this ma	_	
	VIRGIA	11A CAS	TILLO	
			Name of Person	
· 			Firm/Company	· · · · · · · · · · · · · · · · · · ·
	655	NE 115	ST Ap	t 12-B
			Address	
	North	Miami	Address ——————————————————————————————————	33181
	Villyca	5 2 00 2 @	Yahoo, Co) M
				ouncation)
For further	information con	erning this matter, plea	se call:	
Vila	inia (Pasti-160	at (305)	303-5375 Daytime Telephone Number
	Name of Pe	rson	Area Code & l	Daytime Telephone Number
Enclosed	s a check for th	e following amount:	_	
\$125.00 Fil		130.00 Filing Fee & Certificate of Status	\$155.00 Filing I Certified Copy (additional copy is	Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		lailing Address	Street/Cour	
		egistration Section Pivision of Corporations	Registration Division of C	Section Corporations
	P	.O. Box 6327	Clifton Build	ling
	1	allahassee, FL 32314	2661 Execut	ive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
RCC Best Solutions, 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 Liabili	ty Company is:
Principal Office Address: Mailing Address:	
1655 NE 115 ST Apt 12-B North Miami FL 33181 North Bay Village FC	<u>1pt</u> 12-B - 33181
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual obusiness entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
VIRGINIA CASTILLO Name	
Name	
1655 NE 115 st Apt 12 B Florida street address (P.O. Box NOT acceptable)	
North Miami FL 33181	
City, State, and Zip	
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the apprecistered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am fan accept the obligations of my position as registered agent as provided for in Chapt	pointment as provisions of all niliar with and
fills	*
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	21 P
Page 1 of 2	

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Roberto Corzo Castillo 1655 NE 115 ST ApT 12-6 North Mikmi FL 33/81
LE V: Effective date, if other the fective date is listed, the date in	an the date of filing: 1/17 /20/0 (OPTION nust be specific and cannot be more than five business d
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.)	an the date of filing: 1/17/20/0 (OPTION tust be specific and cannot be more than five business d
days after the date of filing.) REQUIRED SIGNATURE:	an the date of filing: 1/17 /20/0 (OPTION nust be specific and cannot be more than five business demanded in the date of a member of a member.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)