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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>_</u>
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations	4.
SUBJECT: RMC COEX LLC	
Sebelei:	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Zachary Shair	,
	Name of Person
Republic Metals Corporati	ion
Tropublic Mictale Corporati	Firm/Company :
12900 NW 38th Ave.	
12300 NW 30th Ave.	Address
0 1 1 5 00054	
Opa Locka, FL 33054	y/State and Zip Code
z.shair@republicmetalscorp.con	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	e call:
AJ Cardella	561 \ 699-9480
Name of Person	at (SO1) 099-9400 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\text{S160.00 Filing Fee,} \text{Certificate of Status & Certified Copy} \text{(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

غير

ARTICLE I - Name: The name of the Limited Liability Company	is:
RMC COEX LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12900 NW 38th Ave. Opa Locka, FL 33054	12900 NW 38th Ave. Opa Locka, FL 33054
	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
Zachary Shair	1 %
	me Section 2
12900 NW 38th	TAVE. address (P.O. Box NOT acceptable)
Florida street	address (P.O. Box NOT acceptable)
Opa Locka	_{FT} 33054

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 Memb	Name and Address:
MGRM	Richard Rubin 12900 NW 38th Ave. Opa Locka, FL 33054
MGRM	Jason Rubin 12900 NW 38th Ave. Opa Locka, FL 33054
	
(Use attachment if necessary)	
CLE V: Effective date, if other t effective date is listed, the date 90 days after the date of filing.)	than the date of filing: (OPTIONAl must be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a	a member or an authorized representative of a member.
constitutes an affirmati I am aware that any fal	ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Zachary Shair

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee