Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number : I20000000019

: (305)552-5973 : (305)220-1440

Fax Number

Enter the email address for this business entity to be used for further annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. **R&R CAPITAL HOLDINGS LLC**

Certificate of Status

1

Certified Copy

0

Page Count

03

Estimated Charge

\$130.00

C. LEWIS

APP. 2 9 2011

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability Company is: R			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
4649 Ponce de Leon Blus Sante Suite # 400 Coral Garoles El 37146			
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:			
Danie (Posarzio			
4649 Fonce de Leon BlvD # 400 Plorida street address (P.O. Box NOT acceptable)			
Coral Gasles FL 331 XL 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)			

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

SECRETARY OF STATE.

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	TAUL'AHASSEE/FLURIUA
MGRM	LILIANIA Rodrig 4649 Bace de Caral Gables, El	1282 Jan Blud # 400
MGRM	Daniel Ros TA 4649 Po Coral Gables	are de les Blupty
		
·		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than t (If an effective date is listed, the date must to or 90 days after the date of filing.)	he date of filing: the specific and cannot be more the	(OPTIONAL) an five business days prior

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 8.817.155, F.S.)

Daniel Rosanto
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)

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