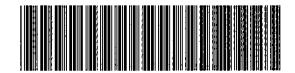
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

AUG 2 9 2011

EXAMINER

COVER LETTER

TO: Registration Division of	on Section Corporations		
SUBJECT: DOU	ıble R Process Ser	vice, LLC.	
	Name of Limi	ted Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this mat	tter to the following:	
<u>Carla S</u>	S. Saenz		
		Name of Person	
		Firm/Company	
445 No	rthwest 53rd Avenu	ie .	AUG 26
		Address	
Miami, F	L 33126		
		ty/State and Zip Code	92.5
rreyes004	1@yahoo.com	for future annual report notification)	
Conforthon informati		•	
roi lutther informati	on concerning this matter, pleas	e can:	
Carla S. Saen		_ at (786) 376-1901	
Na	me of Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check	k 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 C Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Double R Process Service	·	
(Must end with the words "Limite	d Liability Company, "L.1C.," or "L1.C.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
445 Northwest 53rd Avenue	445 Northwest 53rd Avenue	
Miami, FL 33126	Miami, FL 33126	
Wildliff, F 2 00 120		
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of Rudy Reyes 445 Northwes Florida st Miami, FL 33126	stered Office, & Registered Agent's Signature in Registered Agent. You must designate an individual or another in the state of the stat	

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

l Address:	
s	
est 53rd Avenue	
3126	
enz	
west 13th Street	300
3145	<u> </u>
	CRETAR LAHASS
	
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	FLORIT
	5.5
	. (OPTIONA
annot be more than five	business days

Signature of a member or an authorized presentative 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.)

Wined 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)