## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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### FLORIDA LIMITED LIABILITY CO. ROMERCRI ENTERPRISES, LLC.

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A. LUNT

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EXAMINER

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I- Name:**

The name of the Limited Liability Company is:

ROMERCRI ENTERPRISES, LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liabil Company is: 6921 NW 109 AVE DORAL, FL 33178

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

CRISALIA E AGUILERA 6921 NW 109 AVE DORAL, FL 33178

Having been named as registered agent and to accept service of process for the above stated limited liability Company at 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

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

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

Title:	Name and Address:	•
MGRM	MARY C AGUILERA 6921 NW 109 AVE	
MGRM	DORAL, FL 33178 CRISALIA E AGUILERA	7912 SSB
MGRM	6921 NW 109 AVE DORAL, FL 33178 OSCAR J RAMIREZ	ASSET T
WGRA	6921 NW 109 AVE DORAL, FL 33178	

Signature of 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.)

CRISALIA E AGUILERA

Typed or printed name of signee.