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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

RR REALVAPE LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAEL REZENDE

Name of Person

RR REALVAPE LLC

Firm/Company

1351 NE 214 STREET

Address

MIAMI, FL 33179

City/State and Zip Code

ANAPAULA1022 @GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL REZENDE

,305

450-6149

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$30 Filing Fee & Certificate of Status □ \$55 Filing Fee & Certified Copy

□ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (4/13)

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ARTICLES OF CORRECTION FOR

2013 SEP 25 PH 12: 53

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY TARY OF STATE TALL AHASSEE, FLORIDA

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST RR RI	The name of the limited liability company is:		
SECO			
<u>(CH</u>	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		
√	ontains an incorrect statement. The incorrect statement, the reason the statement is correct, and the corrected statement are as follows: IAME OF MANAGING MEMBER IS RAFAEL REZENDE NOT RAMON		
	REZENDE.		
	<u>OR</u>		
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:		
Dated:	· · · · · · · · · · · · · · · · · · ·		
	Label Rhs 9/20/13		
	Signature of a member or authorized representative of a member		
	RAFAEL REZENDE		
	Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•
The name of the Limited Liability Company i	is:
RR REALVAPE LLC	
(Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1351 NE 214 STREET	1351 NE 214 STREET
MIAMI, FL 33179	MIAMI, FL 33179
	red Office, & Registered Agent's Signature: registered Agent. You must designate an individual or another
The name and the Florida street address of th	e registered agent are:
RAMOS REZENDE	
Nar	me
1351 NE 214 STREET	
Florida street	address (P.O. Box NOT acceptable)
MIAMI	33179 · ⊉ <u>₩</u>
City,	, State, and Zip
liability company at the place designated in registered agent and agree to act in this capulation all statutes relating to the proper and compand accept the obligations of my position as	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F.S.
11/1	The second of th
Rogistered Agent's Sig	gnature (REQUIRED)
	, , ,
(CONT	INUED)

His

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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Membe	r .
MGRM	RAMOS REZENDE
	1351 NE 214 STREET
•	MIAMI, FL 33179
MGRM	ANA PAULA LIMA REZENDE
·	1351 NE 214 STREET
	MIAMI, FL 33179
•	

	the state of the s
(Use attachment if necessary)	
f an effective date is listed, the dat ior to or 90 days after the date of fi	han the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days ling.)
REQUIRED SIGNATURE:	
. //	
S dall	
Signature of a	member or an authorized representative of a member.
(In accordance with sec constitutes an affirmati I am aware that any fal	tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. see information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)
	Typed or printed name of signce
	SSE 27
Filing Fees:	
	of Organization and Designation
of Registered Agent	
\$ 30.00 Certified Copy (Option \$ 5.00 Certificate of Status (C	ini)