Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973 Fax Number : (305)220-1440

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

Rmail Address:

## FLORIDA LIMITED LIABILITY CO. R2M2 INVESTMENTS GROUP, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT	Y CO	MPA	<b>NY</b>
ARTICLE I - Name: The name of the Limited Liability Company is:	E FLORI	₩ 89	
R2M2 INVESTMENTS Group LLC.  (Must end with the words "Limited Liability Company, "L.L.C." or "Li.C.")		02	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	ility C	ompa	ny is:

Principal Office Address:

Mailing Address:

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:

Eduardo Rodriguez

Florida street address (P.O. Box <u>NOT</u> acceptable)

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.

gistered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

## H13000288211

<u> Citle:</u>		Name and Address:
MGR" = Manager		Name and Andress.
MGRM" = Managir	ng Member	<b>≥</b> 3
MGRM		Kicaepa Kuiz
		145 24 SW RY STREET
		MIAMILE 33163
MERM		Eduardo Rodranez In
		3641 NW 46 STREET "
		mismi, FL 33442 5 5
		•
	•	
Use attachment if n	ecessary)	
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EV: Effective date lective date days after the date days after the date SECULRED SIGN.  Sign of	e, if other than the the date must be of filing.)  ATURE:  mature of a member accordance with se this document const	er or an authorized representative of a member, extion 608.408(3). Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)

\$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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