

L14000028366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000256840850

02/18/14--01021--002 \*\*125.00

FILED  
14 FEB 18 PM 12:57  
SECRETARY OF STATE  
FALLAHASSEE, FLORIDA

FEB 19 2014  
T. BROWN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: R.E.L.M. GROUP LLC**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

**DAVID JOHN RODRIGUEZ**  
Name of Person

**R.E.L.M. GROUP**  
Firm/Company

**5790 ROSE TERRACE**  
Address

**PLANTATION, FLA. 33317**  
City/State and Zip Code

**XTREMESUPPLIERS@GMAIL.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MARIO EATON** at ( **954** ) **709-1043**  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED  
14 FEB 18 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

R.E.L.M. GROUP LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

5790 ROSE TERRACE  
PLANTATION FLA. 33317

SAME AS PRINCIPAL

**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:

MARIO EATON

Name

861 IXORA LANE

Florida street address (P.O. Box **NOT** acceptable)

PLANTATION FL 33317

City

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 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager  
          MGR          

**Name and Address:**  
          DAVID JOHN RODRIGUEZ            
          5790 ROSE TERRACE            
          PLANTATION, FL. 33317          

          CO-MGR          

          KENNY LEVIEN            
          3751 ENVIRON BLVD            
          LAUDERHILL, FL. 33319          

          CO-MGR          

          MARIO EATON            
          861 IXORA LANE            
          PLANTATION, FL. 33317          

          CO-MGR          


          GEORGE MOREL            
          5790 ROSE TERRACE            
          PLANTATION, FL. 33317          

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.  
          ALL MEMBERS HAVE EQUAL OWNERSHIP OF STATED LLC            
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_

**Signature of a member or an authorized representative of a member.**  
(In accordance with section 605.0203 (1) (b), 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.)

          DAVID J RODRIGUEZ            
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)**