## L14000187289

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

→ Home Use Only



800266515808

11/24/14--01029--011 \*\*130.00

FILED
14 NOV 24 PH 2: 29

DEC - 8 2014

T. BROWN

## **COVER LETTER**

♣, TO:	Registration Section Division of Corporations		
SUBJI	ECT: RFMS Consulting Group Name of Lin	mited Liability Company	·····
	closed Articles of Organization and fee(s) a		
Please	return all correspondence concerning this n	natter to the following:	
	Richard Coffin	Name of Person	
	RFMS Consulting Group		
		Firm/Company	
	1685 S W 4th Avenue	Address	
	Boca Raton Fl 33432	City/State and Zip Code	
Ri	ck.Coffin@gmail.com E-mail address: (to be use	d for future annual report notifica	ntion)
For fur	ther information concerning this matter, ple	ase call:	
Richar	Name of Person at (		lephone Number
	ed is a check for the following amount:  0 Filing Fee \$\sum \$\$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 Adds Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ADTICLES OF ODC ANY ATSON FOR IT ODDS A LIMPTED LEADILYTY CYMOANY

ARTICLES OF ORGANIZAT	NATIONAL AND
ARTICLE I - Name: The name of the Limited Liability Company is	
RFMS Consulting Group, LLC.	
	s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1685 SW 4th Avenue Boca Raton, FL 33432	1685 SW 4th Avenue Boca Raton, FL 33432
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve another business entity with an active Florida	as its own Registered Agent. You must designate an individual or

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

Richard Coffin	
Na	me
1685 SW 4th Ave	
Florida street address (P.O. I	Box NOT acceptable)
Boca Raton	FL 33432
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 (RÉQUIRED)

(CONTINUED)

Page 1 of 2

	Title:		Name and Address:
	"AMBR" = Authorized "MGR" = Manager	l Member	
	MGR – Manager		Richard Coffin
		<del>-</del>	1685 SW 4th Avenue
			Boca Raton, FL 33432
	AMBR	_	Marialena Selvaggio
			1685 SW 4th Avenue
			Boca Raton, FL 33432
		_	
		-	
	(Use attachment if nece	essary)	
an e	LE V: Effective date, if	other than the date of fil	ing: (OPTIONAL) and cannot be more than five business days prior to or 90 days a
an e: date	LE V: Effective date, if a	other than the date of file date must be specific	
an e date	LE V: Effective date, if offective date is listed, the of filling.)	other than the date of file date must be specific if any.	
an e date	LE V: Effective date, if of fective date is listed, the of filing.)  LE VI: Other provisions,  REQUIRED SIGNAT	other than the date of file date must be specific if any.	and cannot be more than five business days prior to or 90 days a
an e date	LE V: Effective date, if offective date is listed, the of filing.)  LE VI: Other provisions,  REQUIRED SIGNAT	other than the date of file date must be specific if any.  FURE:  Signature of a member ce with section 605.020	and cannot be more than five business days prior to or 90 days a ror an authorized representative of a member.  33 (1) (b), Florida Statutes, the execution of this document
an e date	LE V: Effective date, if offective date is listed, the of filing.)  LE VI: Other provisions,  REQUIRED SIGNAT  (In accordance constitutes as	other than the date of file date must be specific if any.  FURE:  Signature of a member ce with section 605.020 in affirmation under the	r or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
an e date	LE V: Effective date, if offective date is listed, the of filing.)  LE VI: Other provisions,  REQUIRED SIGNAT  S  (In accordance constitutes and I am aware the offective date, if offertive date, if offer	other than the date of file date must be specific if any.  FURE:  Signature of a member ce with section 605.020 in affirmation under the hat any false informatio	r or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.  on submitted in a document to the Department of State
an e date	LE V: Effective date, if offective date is listed, the of filing.)  LE VI: Other provisions,  REQUIRED SIGNAT  S  (In accordance constitutes and I am aware the offective date, if offertive date, if offer	other than the date of file date must be specific if any.  FURE:  Signature of a member ce with section 605.020 in affirmation under the hat any false informatio	r or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.

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)