

L1500075807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

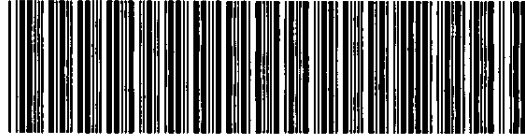
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15 MAR 18 10:11:42
OFFICE OF THE CLERK
TOLSON, D.C. 20543

APR 30 2015
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 14, 2015

ADRIAN R CASTRO
505 E JACKSON STREET STE 210
TAMPA, FL 33602

SUBJECT: M & A ASSET MANAGEMENT LLC
Ref. Number: W15000025750

We have received your document for M & A ASSET MANAGEMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 915A00007351

APR 20 2015

RECEIVED
15 APR 29 AM 10:00
DIVISION OF CORPORATIONS
INFORMATION SERVICES

FILED
15 MAR 18 PM 11:42
CORPORATION STATE
TALLAHASSEE, FL 32314

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RIC ASSET MANAGEMENT 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:

ADRIAN R. CASTRO
Name of Person

ADRIAN R. CASTRO, ATTORNEY AT LAW
Firm/Company

505 E. JACKSON ST., SUITE 210
Address

TAMPA, FL. 33602
City/State and Zip Code

rickcastro@castrolawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIAN R. CASTRO at (813) 229-9195
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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15 MAY 18 10:11:42
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R & CASSET MANAGEMENT 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:

505 E. JACKSON ST.

505 E. JACKSON ST.

SUITE 210

SUITE 210

TAMPA, FL. 33602

TAMPA, FL. 33602

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:

ADRIAN R. CASTRO

Name

505 E. JACKSON ST.

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

TAMPA

FL 33602

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)

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15 MAR 18 12:11:42
TAMPA, FL 33602

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

ADRIAN R. CASTRO

505 E. JACKSON ST., SUITE 210

TAMPA, FL. 33602

AMBR

RANDY T. CASTRO

505 E. JACKSON ST., SUITE 210

TAMPA, FL. 33602

AMBR

ROGER K. CASTRO

505 E. JACKSON ST., SUITE 210

TAMPA, FL. 33602

(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.

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.)

ADRIAN R. CASTRO

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)

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15 MAY 18 AM 11:42
TAMPA, FL 33602