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Florida Department of State
Division of Corporations
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To:

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Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

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FLORIDA LIMITED LIABILITY CO.

RO 4548, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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May 18, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations
EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: RO 4548, LLC
REF: W15000034842

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Terri J Schroeder
Regulatory Specialist II

FAX Aud. #: R15000118712
Letter Number: 415A00010315

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R0 4548, 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:

5201 S.W. 78 Terrace
Davie, Florida 33328

Mailing Address:

4441 Estates Road
Davie, Florida 33328

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:

ANA KARINA REYES

Name

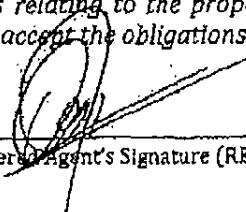
4441 Estates Road

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

Davie, Florida 33328

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 605, F.S.



Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address

MGRM

MGRM

AGUSTIN REYES

4441 Estates Road
Davie, Florida 33328

MGR

ANA MARIA ORTOLA DE REYES

4441 Estates Road
Davie, Florida 33328

(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.)

REQUIRED SIGNATURE:

(Signature of a member or an authorized representative of a member)

(In accordance with section 605.0203 (1), 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 §817.155, F.S.

ANA MARIA ORTOLA DE REYES
(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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