

L1500013166Z

Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

RED CAMP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

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Help

H15000 188 277

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RED CAMP, LLC

(Must end with the words "Limited Liability Company, "LLC," 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:

14995 NW 87th COURT
MIAMI LAKES, FL 33018

14995 NW 87th COURT
MIAMI LAKES, FL 33018

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:

RAFAEL R TORRES

Name

7806 NW 193 TERRACE

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

MIAMI

FLORIDA

33015

City

State

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

TITLE:

NAME AND ADDRESS:

MGR

FRANCISO MENA LOPEZ
9861 SW 46 STREET
MIAMI, FL 33165

MGR

RAFAEL R TORRES
7806 NW 193 TERRACE
MIAMI, FL 33015

(2)

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:

ARMANDO R. COLON

14995 NW 87 COURT

MIAMI LAKES, FL 33018

MGR

LINDSAY G. DUNKLEY

16802 NW 83rd AVENUE

MIAMI LAKES, FL 33016

MGR

ROGELIO F. MIRET

7761 NW 162 TERRACE

MIAMI LAKES, FL 33016

MGR

RICARDO MONTIJO

18810 WENT WORTH DRIVE

MIAMI, FL 33015

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

RAFAEL R. TORRES

Typed or printed name of signer

Page 2 of 2

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