

L15000191407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

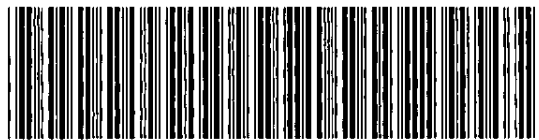
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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DEPARTMENT OF STATE
DIVISION OF CORPORATE REGISTRATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 16 2015

T SCHROEDER

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 11-16-15

- ☒ CERTIFIED COPY _____
- ☐ PHOTOCOPY _____
- ☐ CUS _____
- ☒ FILING LLC _____

1. R.P. Builders LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Limited Liability Company is:

R.P. BUILDERS LLC

ARTICLE II.

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

2247 WASHINGTON ST APT 5

HOLLYWOOD FL 33020

The mailing address of the Limited Liability Company is:

2247 WASHINGTON ST APT 5

HOLLYWOOD FL 33020

ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV.

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

ACS, ARPAD

2247 WASHINGTON ST APT 5

HOLLYWOOD FL 33020

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

ACS ARPAD

Registered Agent's Signature

11-12-15

Date:

ARTICLE V.

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

Name and Address:

Title: MGRM

ACS, ARPAD

2247 WASHINGTON ST APT 5

HOLLYWOOD FL 33020

ACS ARPAD

PALLAI, JANOS

Title : MGR

1743 MUFFET ST APT 2

HOLLYWOOD FL 33020

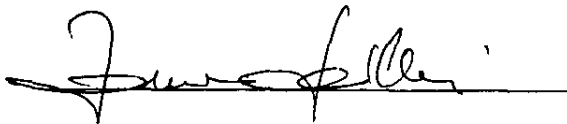
[Signature]

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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.



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

11.12.15

SECRETARY OF STATE
OFFICE OF THE SECRETARY
TALLAHASSEE, FLORIDA

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JANOS PALLAI

Typed or printed name of signee

11.12.15

Date