

**L1600014217**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORP USA  
Account Number : 072450003255  
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Fax Number : (305) 633-9696

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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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**RUSH**

FLORIDA LIMITED LIABILITY CO.  
Rines INVESTMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

**RUSH**

114092

*We have a closing  
please file ASAP*

**RUSH**

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Corporate Filing Menu

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August 4, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: MIR INVESTMENTS LLC  
REF: W16000053842

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.

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.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist III

FAX Aud. #: H16000188925  
Letter Number: 416A00016391

P.O. BOX 6327 - Tallahassee, Florida 32314

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416000188925

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Rines Investment 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:

CARLOS GARCIA, ESQ.

Name of Person

CARLOS GARCIA, P.A.

Firm/Company

500 South Dixie Highway Suite 202

Address

CORAL GABLES, FL 33146

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS GARCIA, ESQ.

305

7792479

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$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

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rines Investment 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:

621 ISLAND RD  
MIAMI, FL 33137

Mailing Address:

500 SOUTH DIXIE HIGHWAY STE 202  
CORAL GABLES, FL. 33146

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:

CARLOS GARCIA

Name

500 S. DIXIE HWY, SUITE 202

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

CORAL GABLES. FL 33146

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)

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JULY 16 2015

**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:**

MARIA INES RIVERO

621 ISLAND RD

MIAMI, FL 33137

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 08/02/2016 (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.

CARLOS GARCIA

Typed or printed name of signer

**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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