## L16000192978

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## **COVER LETTER**

jr

TO:	Registration Section Division of Corporations				
SUBJEC	RUEGROUP LLC  T:  Name of Limited Liability Company				
	Traine of Emilion Blacking Company				
The encl	osed Articles of Organization and fee(s) are submitted for filing.				
Please re	turn all correspondence concerning this matter to the following:				
	ANABELLA HIDALGO				
	Name of Person				
	ZORTEONA LLC				
	Firm/Company				
	7681 SW 54TH CT				
	Address				
	MIAMI, FL 33143				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
E. C. al.					
For furthe	r information concerning this matter, please call:				
	ELI BUTNARU 305 302-0112				
	Name of Person Area Code Daytime Telephone Number				
Enclosed	is a check for the following amount:				
\$125.00	Filing Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)				
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsDO Rev 6237Clifton Parilling				

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabi	ility Company is:			
RUEGROUP LLC				
(Must en	d with the words "Limited	Liability Comp	any, "L.L.C.," or "LLC."	<u>')</u>
ARTICLE II - Address: The mailing address and street	address of the principal of	ffice of the Limi	ited Liability Company is	ı:
<u>Princ</u>	ipal Office Address:		Mailing A	ddress:
7681 SW 54TH CT			7681 SW 54TH CT	
	MIAMI, FL 33143			
	ANABELLA HIDAL	.GO Name		-
	7681 SW 54TH CT			_
	Florida street address	s (P.O. Box <u><b>NO</b></u>	T acceptable)	
	MIAMI, FL 33143			_
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the am familiar with and accept the designation.	te, I hereby accept the appo provisions of all statutes re obligations of my position o	ointment as regis clating to the pro as registered ago Labella	stered agent and agree to oper and complete perforn	act in this capacity. I nance of my duties, and I
		(CONTINUE	.D)	

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	ANABELLA HIDALGO
	7681 SW 54TH CT
	MIAMI, FL 33143
MGR	ELI BUTNARU
	7681 SW 54TH CT
	MIAMI, FL 33143
-	
(Use attachment if necessary)	
	e date of filing: (OPTIONAL)
fective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 day
	not meet the applicable statutory filing requirements, this date will not be
ument's effective date on the Depart	
LE VI: Other provisions, if any.	

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.

ANABELLA HIDALGO

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)

as