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	Division of Corporations	3 3	
	Fax Number : (850)617-6381	122 (F)	AON
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	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	TASSA 10 AUN	-
	Account Number : I20000000019	σ_{\odot}	70
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**Fnter	the email address for this business entity to be used for	future	_
	ual report mailings. Enter only one email address please.	**	

FLORIDA LIMITED LIABILITY CO. RRM PROPERTY GROUP. LLC

Certificate of Status	1
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Help

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ARTICLES OF ORGANIZATION

ARTICLE	<u> I - Name:</u>								
The hame "L.L.C.," or "LL	of the Limited Liabili	ity Company is: (Must	md with the words L	imited Liability Com	oany,				
R	RM Pro	opert ₁	Group	• 110	_				
ARTICLE	II - Address:	1		•					
The mailir	ng address and street	address of the princi	pal office of the	e Limited Liab	ility				
Company:	13155	SW	42 5	Γ					
, .	Migmi	, FL	331	15					
The name	E III - Registered A e and the Florida streement serve as its own Regist e Florida registration.)	gent, Registered (et address of the regi ered Agent. You must desig	Office: stered agent ar	C: (The Limited Li or another busines	ability s entity				
	Marisol.	Alvarez	Leon			٠.			
	13155	<u>su</u>	42	ST AN	NOV 17	• • • • • • • • • • • • • • • • • • •			
	Miami	FL	33	175 Ac	7 PH				
ARTICL: The name Liability (E IV- e and title of each per Company:	son authorized to ma	anage and confi	rol the Limited	PH 2: 24	C			
,	Marisol	Alvarez	. Le	00					
(AMBR)									
	Roberto	Guerra	Del	castil	10				
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Required Signatures:

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

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.

Typed or printed name of signee

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

Registered Agent's Signature (REQUIRED)

16 NOV 17 PH 2: 24
SECRETARY OF STATE