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Office Use Only



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COVER LETTER

TO: Registration Division of C			
SUBJECT: <u>Rijos F</u> a	amily Trust Investments, LI Name of Lim	_C nited Liability Company	<u>. </u>
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
Kenny R	ijos	·	
		Name of Person	
		Firm/Company	
4037 SV	/110th St.	Address	
Ocala, F	_ 34476		
4		ity/State and Zip Code	
•	E-mail address: (to be used	CIV. COM I for future annual report notifica	ation)
For further informatio	n concerning this matter, plea	ase call:	
Kenny Rijos Nar	at (at (813 390 - 50 Area Code Daytime Te	lephone Number
Enclosed is a check for	or 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
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration 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:		
Rijos Family Trust Investments, LLC (Must end with the words "Limited	Liability Company, "L.L.C	C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal o	ffice of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
4037 SW110th St. Ocala, FL 34476	4037 SW110th St. Ocala, FL 34476	
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You mu	
The name and the Florida street address of the registered	d agent are:	
Kenny Rijos		
Name	:	
4037 SW110th St. Florida street address (P.O. Bo.		<u> </u>
Ocala	FL 34476	
City	Zip	
Having been named as registered agent and to accept se the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	ot the appointment as regist of all statutes relating to th	ered agent and agree to act in this e proper and complete performance
Registered Agent's Signa	ature (REQUIRED)	
(CONTINU	J ED)	^ &

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<u>itle:</u>	Name and Address:
MBR" = Authorized Member	
IGR" = Manager	
MBR	Kenny Rijos
	4037 SW110th St.
	Ocala, FL 34476
	<u> </u>
·····	
V: Effective date, if other than the dative date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 9
tive date is listed, the date must be filing.) VI: Other provisions, if any.	ste of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
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V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE:	member or an authorized representative of a member.
V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation units)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in:	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
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V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation upon I am aware that any false in constitutes a third degree fe	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State