19800009611

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500291364915

10/20/16--01014--027 **125.00

CRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SURJECT: RRGM LLC
SUBJECT: 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:
Roxana Mamery
Name of Person
RRGM LLC
Firm/Company
31 SE 544 Street aft 2806
Address
Miami FC 33131
City/state and Zip Code
E-mail address: (to be used for future annual report notification)
·
For further information concerning this matter, please call:
Michael Comale 2 at (786) 452 6556 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: PAID
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RRGM LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3) SE 5tn Stapt 280b Miami El 33/31	31 SE 5th street apt 2806 Man 1 FC 32131
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regis another business entity with an active Florida registration.)	tered Agent. You must designate an individual or
The name and the Florida street address of the registered agent	A second
Roxana M	amen
Nam	e
31 SE 5th	St apt 2806
Florida street address (P.O.	. Box NOT acceptable)
Mami	FL 33/31
City	State Zip
Having been named as registered agent and to accept service of p place designated in this certificate, I hereby accept the appointme further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as regi	nt as registered agent and agree to act in this capacity. I to the proper and complete performance of my duties, and I

(CONTINUED)

Page 1 of 2

ent's Signature (REQUIRED)

16 JAN -4 AH 7: 15

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager.	Michael himagles 31 SE 5th Stapt 2806
	2) SE 5th St apt 2806
A. Leman	Miami FC 33331
AMBIR	Rolana Mamery
	31 SE 5th street ant 2806
E V: Effective date, if other than the date cetive date is listed, the date must be sp f filing.)	e of filing: (OPTIONAL) necific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be sp f filing.)	necific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	necific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date clive date is listed, the date must be sp filling.) The date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	necific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date citive date is listed, the date must be sp filling.) the date inserted in this block does not bent's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE:	need the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date clive date is listed, the date must be sp filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic that any fals	necific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date clive date is listed, the date must be sp filling.) The date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in This document is executed a may a series a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. Compared the applicable statutory filing requirements, this date will not of State's records. Compared to an authorized representative of a member. The difference with section 605.0203 (1) (b), Florida Statutes. The information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date clive date is listed, the date must be sp filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in This document is execut I am aware that any fals constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. Compared the applicable statutory filing requirements, this date will not of State's records. Compared to an authorized representative of a member. The difference with section 605.0203 (1) (b), Florida Statutes. The information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
E V: Effective date, if other than the date cive date is listed, the date must be sp filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in This document is execut I am aware that any fals constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. Compared to an authorized representative of a member. Teed in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State se felony as provided for in s.817.155, F.S. Typed or printed name of signee
E V: Effective date, if other than the date extive date is listed, the date must be sp of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic that any fals constitutes a third degree constitutes a third degree constitutes.	meet the applicable statutory filing requirements, this date will not of State's records. Compared the applicable statutory filing requirements, this date will not of State's records. Compared to an authorized representative of a member. The difference with section 605.0203 (1) (b), Florida Statutes. The information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date clive date is listed, the date must be sp filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mathematical and aware that any fals constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. Consider an authorized representative of a member, and the accordance with section 605.0203 (1) (b), Florida Statutes, in information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent