480000000058

	(Req	uesto	r's Name	?)		
	(Add	ress)				
	(Add	ress)				_
	(City	/State	/Zip/Pho	ne #)		
PICK-U	Þ		WAIT		м	AIL
	(Bus	iness	Entity Na	ame)		
	(Doc	umen	t Numbe	1)		
Certified Copies		C	Certificat	es of	Status _	
Special Instruction	 s to F	iling C	Officer:			
		_				

Office Use Only



000307054120

01/03/18--01011--004 **130.00

COVER LETTER

Division of Corporations
SUBJECT: R/F SERVICES 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:
RUCTUM ATE ALCALA Name of Person
Firm/Company
2027 ALEXIS LN Address
TALLA HACCEE 32708, FLA. City/State and Zip Code ACAIA OF Q VALOO. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) S160.00 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
Ruccell Faxe			
Lussell laxe			
SERVICES	LLC		
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the principal office of the	e Limited Liability Company is:		
, , , , , , , , , , , , , , , , , , , ,			
Principal Office Address:	Mailing Address:		
2027 ALEXIC LA	CAME		
TAIL FLA 72709			
- In the state of			
ARTICLE III - Registered Agent, Registered Office, & Registe			
(The Limited Liability Company cannot serve as its own Registere	d 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	:		
D			
RUSTUM	ALCALA		
Name			
2877 ALEXIS	LANF		
Florida street address (P.O. Bo	x NOT acceptable)		
T/11 A11.00	FI 25-50		
ALLAHASSI	£ H 32308		
City Stat	e Zip		
Having been named as registered agent and to accept service of processing	are for the above stand limited link life.		
place designated in this certificate, I hereby accept the appointment a	swyor the above stated timbet (upitity company at the strepistered agent and agree to act in this capacity. I		
further agree to comply with the provisions of all statutes relating to t	he proper and complete performance of my duties, and		
am familiar with and accept the obligations of my position as register	ed agent as provided for in Chapter 605, F.S.,		
A			
	- (- (- (- (- (- (- (- (- (- (
Revistered Agen	(\$ Signature (REQUIRED)		
(CONT)	INUED)		
•			

	The name and address of each person admorr	zed to manage and control the Entitled Glability Company.
	Title: "AMBR" = Authorized Member "MGR" = Manager	Same and Address: D Ruclum Alcala 2827 Alexis IVI. Tallahassee Fla 32308
	MGR	
2)	AMBR	Jallahassee Fla. 32308
	(Use attachment if necessary)	
If an eff he date <u>Note:</u> If the docu	fective date is listed, the date must be specific of filing.)	ling:
	REQUIRED SIGNATURE:	llu
	This document is executed in I am aware that any false info	or or an authorized representative of a member, a accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.
	- Rusty	AM F. Alcala ped or printed name of signee
		Cilian Casa

Filing Fees;
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)