

L18000153841

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000185221 3)))



H180001852213ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : A.A.ALI, CPA
Account Number : I20000000192
Phone : (407)298-3900
Fax Number : (407)298-0660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
RBZ ENTERPRISES LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED
2018 JUN 22 PM 1:36
FLORIDA
COMMERCIAL
REGISTRATION SERVICES

T COLLINS
JUN 25 2018

Electronic Filing Menu

Corporate Filing Menu

Help



June 22, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

B Z & R LLC
A.A. ALI, CPA

SUBJECT: B Z & R LLC
REF: W18000058178

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L17000040649-BZR, LLC,

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H18000185221
Letter Number: 818A00013032

FILED

18 JUN 22 AM 11:00

RECEIVED
JUN 22 2018
TALLAHASSEE, FLORIDA

((H18000185221 3)))

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

RBZ ENTERPRISES LLC.

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

ARTICLE II - Address:

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

**617 LAKESCAPE CT.
ORLANDO FLORIDA 32828**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered 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:

**BEHROOZ SOJERI
617 LAKESCAPE CT.
ORLANDO FLORIDA 32828**

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 in Chapter 605, F.S..



BEHROOZ SOJERI / Registered Agent's Signature

FILED
18 JUN 22 AM 11:00
CLERK OF COURT
ALABAMA
COUNTY OF ALABAMA

((H18000185221 3)))

((H18000185221 3)))

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"AMBR" = Manager

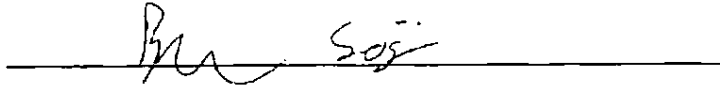
"MGRM" = Managing Member

**BEHROOZ SOJERI - PRESIDENT
617 LAKESCAPE CT.
ORLANDO FLORIDA 32828**

ARTICLE V: Effective date, if other than the date of filing: 06/21/2018

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

BEHROOZ SOJERI

Typed or printed name of signee

FILED
18 JUN 22 AM 11:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

((H18000185221 3)))