(Re	questor's Name)	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 871253 828115

AUTHORIZATION :

COST LIMIT : \$ 130.00

ORDER DATE: August 5, 2019

ORDER TIME : 2:30 PM

ORDER NO. : 871253-005

CUSTOMER NO: 8281155

DOMESTIC FILING

NAME: TRBC, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

COVER LETTER

TO: New Filin Division o	ng Section of Corporations
SUBJECT:	Name of Limited Liability Company
The enclosed Articl	les of Organization and fee(s) are submitted for filing.
Please return all con	rrespondence concerning this matter to the following:
	TALI RAPHAELY Name of Person
-	TRBC, LLC Firm/Company
	68 SE 6+6 5T #3511
	MIAMI, EL 33131 City/State and Zip Code RAPHAELY 7 (A) YAHOO. COM E-mail address: (to be used for future appropriate to the content of the
	E-mail address: (to be used for future annual report notification)
For further informatio	n concerning this matter, please call:
TALI RA	PHAELY at (443) 794-4717 Name of Person Area Code Daytime Telephone Number
Enclosed is a check f	or the following amount:
\$125.00 Filing Fee	S+30.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Ne Div P.C	w Filing Section Wision of Corporations Division of Corporations Discounting Section Division of Corporations Division of Corporations Division of Corporations Clifton Building Lahassee, FL 32314 Division of Corporations Clifton Building Lahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabilit	y Company is:			
	RBC,	LLC		
(Must cont	ain the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Lin	nited Liability Company is	s:
	l Office Address:		Mailing A	Address:
67 SE	GAR ST #	*35//	68 JE	68 SE GR JT #3511 MIAMI, GL 33131
				_ MIAMI GL 33/3/
(The Limited Liability Company another business entity with an action of the The name and the Florida street a	ctive ribrida registrati	on.) d agent are:	ini. 10u must designate al	n individual or
	Corporation Service	Name		_
	1201 Unio Ct.			
	1201 Hays Street Florida street addres	s (P.O. Box NO	T accentable)	-
	Tallahassee			
	City	FL State	32301 Zip	-
Having been named as registered as place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	gent and to accept serv hereby accept the app visions of all statutes r	ice of process for ointment as regis elating to the pro as registered age	the above stated limited h tered agent and agree to a per and complete perform int as provided for in Chap	act in this capacity. I

(CONTINUED)

"AMBR" = / "MGR" = M	Authorized Member	Name and Address	s:
	anager	Tal	RAPHAELY
		66 56	12 11 #30
		Mlari	FL 33/3/
		7	73131
<u> </u>	<u> </u>		
		 	
			
			
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V: Effective tive date is li filing.)	ent if necessary) e date, if other than the date of isted, the date must be speci	ific and cannot be more than	. (OPTIONAL) 1 five business days prior to or 90
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