

# L19000210327

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

850-245-6804  
Nadira

From: Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN  
Account Number : 320020000140  
Phone : (561)844-3600  
Fax Number : (561)842-4104

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

Email Address: LR@FLOHNLAW.COM

### FLORIDA LIMITED LIABILITY CO. RUBIANO BROTHERS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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Electronic Filing Menu

Corporate Filing Menu

Help

N. SAMS

AUG 23 2019

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: RUBIANO BROTHERS, 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:

LYNN BEVES

Name of Person

COHEN, NORRIS, WOLMER, RAY, TELEFMAN & COHEN

Firm/Company

712 US HIGHWAY ONE, SUITE 400

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

LR@FC IENLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNN BEVES

561

615-1030

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$150.00 Filing Fee & Certificate of Status

\$150.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF  
TALLAHASSEE, FL 32301  
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ARTICLE I - ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RUBIANO BROTHERS, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

53 ST. THOMAS DRIVE  
PALM BEACH GARDENS, FL 33418

Mailing Address:

53 ST. THOMAS DRIVE  
PALM BEACH GARDENS, FL 33418

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:

PETER R. RAY/COHEN, NORRIS, ET AL.  
Name

712 US HIGHWAY ONE #400  
Florida street address (P.O. Box NOT acceptable)

NORTH PALM BEACH FL 33408  
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the office 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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FALL HASSEFF, TERRY

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**ARTICLE IV**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

BRANDON S. RUBIANO IRREVOCABLE TRUST  
53 ST. THOMAS DRIVE  
PALM BEACH GARDENS, FL 33418

MGR

MICHAEL A. RUBIANO IRREVOCABLE TRUST  
53 ST. THOMAS DRIVE  
PALM BEACH GARDENS, FL 33418

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

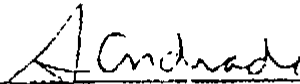
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Noting:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

SUSAN M. ANDRADE, AS TRUSTEE

Typed or printed name of signer

**Eligible Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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