1900236676

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	

Office Use Only



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N CULLIGANI SEP 30, 2019

09/02/2019

To: New Filing section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314 (850) 245-6052

Name release letter

I Carolina Perdomo SOLE MBR with the address 2641 N Flamingo Rd. 2207NT Sunrise FL 33323 give permission to release the name of my company Ruca Printing LLC with the

EIN: 83-0784009.

If there is any question, you can contact me at 954-708-7078

Carolina Perdomo

COVERLETTER

TO:	Section Division of Corporations			
	RUCA PRINTING LLC			
SUBJEC	Г:	Limited Liability	/ Company	
		·	•	
The enclo	sed Articles of Organization and fee(s)	are submitted for	or filing.	
Please ret	urn all correspondence concerning this	matter to the fol	lowing:	
	Carolina Hemandez			
		Name of P	erson	
		Firm/Com	pany	
	2641 N FLAM NGO RD APT 220)7NT		
	·	Addre	S .	
	SUNR SE FL 33323			
		City/State and	Zip Code	· · · · · · · · · · · · · · · · · · ·
	caro-0121@ hotmail.com			
	E-mail address: (to be u	sed for future an	nual report notification	
For further	information concerning this matter, plo	ease call:		
	Cambina Hemandez	954 ()	7087078	
	Name of Person	Area Code	Daytime Telephone N	umber
Enclosed	is a check for the following amount:			
\$125.00 F	_	\$155.00	Filing Fee &	\$160.00 Filing Fee,
_	Filing Fee \$130.00 Filing Fee & Certificate of Status		Copy copy is enclosed)	Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address		treet Address	
	New Filing Section		lew Filing Section	
	Division of Corporations P.O. Box 6327		livision of Corporations lifton Building	•
	Tallahassee, FL 32314		661 Executive Center C	Circle

Tallahassee, FL 32301

ARTICLESOF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

Ruca Printing LLC				
(Must	the words imited	d Liability Company	.L.C., or C.	
RTICLE II - Address:				
ne mailing address and street a	iddress of the principal	office of the Limited	Liability Company is:	
Princip	oal Office Address:		Mailing Address:	
2641 N Flam ingo I	Rd.APT 2207NT		1 N Flam ingo Rd.APT 2207NT	
The Limited Liability Company	y cannot serve as its ow	n Registered Agent.	n s Signature: You must designate an individual or	
he Limited Liability Company nother business entity with an	y cannot serve as its ow active Florida registrati address of the registere	n Registered Agent. ion.) ed agent are:		THE STATE OF THE S
The Limited Liability Company nother business entity with an	y cannot serve as its ow active Florida registrati	n Registered Agent. ion.) ed agent are:		SECRET SECRET
he Limited Liability Company nother business entity with an	y cannot serve as its ow active Florida registrati address of the registere Cambina Hemand	n Registered Agent. ion.) ed agent are: lez Name		AN SEP 30
The Limited Liability Company nother business entity with an	y cannot serve as its ow active Florida registrati address of the registere Carolina Hemand 2641 N. Flamingo	n Registered Agent. ion.) ed agent are: lez Name d. Apt 2207NT	You must designate an individual or	32
The Limited Liability Company nother business entity with an	y cannot serve as its ow active Florida registrati address of the registere Carolina Hemand 2641 N. Flamingo	n Registered Agent. ion.) ed agent are: lez Name	You must designate an individual or	32
RTICLE III - Registered Ag The Limited Liability Company nother business entity with an The name and the Florida street	y cannot serve as its ow active Florida registrati address of the registere Carolina Hemand 2641 N. Flamingo	n Registered Agent. ion.) ed agent are: lez Name d. Apt 2207NT	You must designate an individual or	2818 SEF 3U AM 10: 40 SECRETAMY OF STAT TALL/HASSEE, FL

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..

Registered Agent s Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address
"MGR" = Manager	
'AM BR "	Camina Hemandez "AMBR"
	2641 N Flam ingo rd apt2207NT
	Sunrise FL 33323
'M G R "	Ruben Hemandez 'MGR"
	2641 N Flam ingo rd apt2207NT
	Sunrise FL 33323
	<u> </u>
(Use attachment if necessary) LEV: Effective date, if other than the date.	te of filing: (OPTIONAL)
LEV: Effective date, if other than the dat ifective date is listed, the date must be set of filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list
LEV: Effective date, if other than the dat ffective date is listed, the date must be s e of filing.) If the date inserted in this block does not	specific and cannot be more than five business days prior to or 90 days a
LEV: Effective date, if other than the dat ffective date is listed, the date must be seof filing.)	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list
LEV: Effective date, if other than the date ffective date is listed, the date must be set of filling.) If the date inserted in this block does not LEVI: Other provisions, if any. REQUIRED SIGNATURE:	member or an authorized epresentative of a member.
LEV: Effective date, if other than the date fective date is listed, the date must be set of filing.) If the date inserted in this block does not LEVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a material of the date in any fall arm aware that any fall is executed.	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)