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

From:
Account Name : R&P ACCOUNTING AND TAXES INC
Account Number : I20170000090
Phone : (305)358-1310
Fax Number : (305)503-6701

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

Email Address: rmol8723@gmail.com

**FLORIDA LIMITED LIABILITY CO.
RLM BUSINESS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company and Effective day is:

RLM BUSINESS, LLC

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

ARTICLE II

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

Principal Office Address
7131 GRAND NATIONAL DRIVE UNIT 103
ORLANDO, FL 32819

Mailing Address
7131 GRAND NATIONAL DRIVE UNIT 103
ORLANDO, FL 32819

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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.)

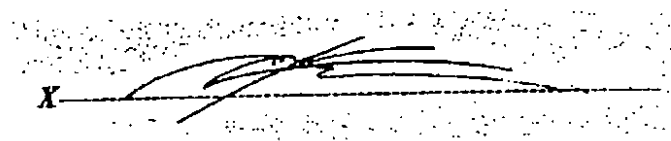
The name and the Florida street address of the registered agent are:

ECCO PLANET, CORP

Name

**175 S.W. 7th STREET UNIT #1515
MIAMI, FL 33130**

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

A handwritten signature in black ink, appearing to be 'Andres Rodriguez', is written over a horizontal line. To the left of the signature, there is a small 'X' mark.

Registered Agent's Signature (REQUIRED)

ARTICLE IV

***MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each
Person authorized to manage and control the Limited Liability Company:***

Title:

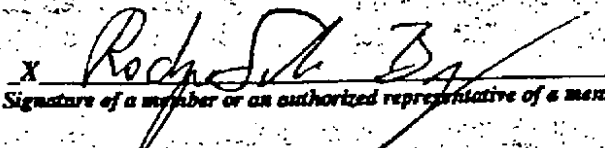
RODRIGO SILVA BUZAR RUA DAS ARARAJUBAS, 05 Q09 AP 1501 ED PUNTA DEL ESTE CALHAU SAO LUIS - MA CEP: 65071381	AMBR	80%
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MELISSA CORREIA LIMA DE MESQUITA BUZAR RUA DAS ARARAJUBAS, 05 Q09 AP 1501 ED PUNTA DEL ESTE CALHAU SAO LUIS - MA CEP: 65071381	AMBR	20%
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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.*

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.)*

RODRIGO SILVA BUZAR

ARTICLE VI

*The Florida Limited Liability Company will engage in any activity or business permitted
under the laws of the State of Florida and the United States of America.*

The main objective of the company is:

BUSINESS HOLDING & INVESTMENTS