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To:

Division of Corporations

Fax Number : (850)617-6381

C RICO FEB 13 2020

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

: (855)330-1010 Fax Number

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FLORIDA LIMITED LIABILITY CO. **R-ATM LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

R-ATM LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ICLE II - Address: mailing address and street address of the principal office of the principal office of the principal office Address:	of the Limited Liability Company is: Mailing Address:
mailing address and street address of the principal office	
nailing address and street address of the principal office office of the principal office office offic	Mailing Address:

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

Registered Age	nts Inc.	
N.	ame	<u> </u>
7901 4th St N S	TE 300	
Florida street address (F	O. Box NOT a	cceptable)
St. Petersburg	FL	33702
City	State	Zip

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 Agents Inc.

Bill Havre

- Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager **SANTOS VARGAS** MGR 7901 4th St N STE 300 St. Petersburg, Ft. 33702 ANTONIA SANTIAGO MGR 7901 4th St N STE 300 St. Petersburg, FL 33702 (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:

Rilmy Pak

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.

Riley Park

Typed or printed name of signee

Filing 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)