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Certified Copies	Ce	rtificates c	of Status
Special Instructions t	o Filing Offi	cer.	

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2020 FEB 10 AMII: 51

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: REG TILOS UN Limited, 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:				
Chistone Cleanant Elza!				
REGTILES Un Limited, LEC				
51 NE 2110 St				
Address				
Miami FC 33179				
Miami FC 33179 City/State and Zip Code RG Hies unlimited LLC (a) Smail Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call;				
Ansbure Clemal-Flat 305 527-9869 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□S125.00 Filing Fee Certificate of Status □S155.00 Filing Fee Certificate of Status Cer				
Mailing Address New Filing Section Street Address New Filing Section Division	_			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Fallahassee, FL 32344

P.O. Box 6327

20 FEB -6 AM 9:39 ECRETARY OF STATE MALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
R&G Tiles unLimited	1. LLC
(Must conatin the words "Limited Liability C	'ompany, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of th	e Limited Liability Company is:
15.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	5.6 (2)

Principal Office Address:	Mailing Address:
51. NE 211 ast	51 NE 2119 St
Miami FC 33179	MIami FL 33179

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: Shistiffine Cleiment - Elzat

Name

51 NE 211⁹⁶ 34

Florida street address (P.O. Box NOT acceptable)

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. Thereby 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.,

Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLETV- The name and address of each person authorized	d to manage and control the Limited Liability Company:
Title: "AMBR" Authorized Member	Name and Address:

Manager

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02 04 (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:

Signature of a member or the 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.

historia Clement - Elzat
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)