

L20000271099

9/9/2020

Division Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

20 SEP - 9 PM 1:30

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

To:

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

From:

Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC  
Account Number : I20070000033  
Phone : (305)649-7040  
Fax Number : (305)643-3237

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

Email Address: Araicaisabel@gmail.com

2020 SEP - 9 PM 4:19

FLORIDA LIMITED LIABILITY CO.  
RICE APP LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$125.00 |

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SEP 09 2020

9-Sep-2020 14:57 Isabel Araica Accounting Services,

3056433237

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** RICE APP 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:

ANA ISABEL ARAICA

Name of Person

PEREZ ARCHE AN ACCOUNTING & TAX SERVICES

Firm/Company

4011 W. FLAGLER ST STE 501

Address

CORAL GABLES, FL 33134

City/State and Zip Code

ARAICAISABEL@GMAIL.COM

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

For further information concerning this matter, please call:

|                   |           |                          |
|-------------------|-----------|--------------------------|
| ANA ISABEL ARAICA | 305       | 244-6184                 |
| Name of Person    | Area Code | Daytime Telephone Number |

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

RICE APP 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:****Mailing Address:**4011 W. FLAGLER ST STE 501  
CORAL GABLES, FL 331344011 W. FLAGLER ST STE 501  
CORAL GABLES, FL 33134**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:

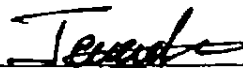
JAIME ANTONIO CUADRA

Name

4011 W. FLAGLER ST STE 501Florida street address (P.O. Box **NOT** acceptable)

|                     |           |              |
|---------------------|-----------|--------------|
| <u>CORAL GABLES</u> | <u>FL</u> | <u>33134</u> |
| 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 Agent's Signature (REQUIRED)

(CONTINUED)

20 SEP - 9 PM 1:30

RECEIVED  
SEP 10 2020  
CLERK OF COURT  
CLERK OF COURT

**ARTICLE IV-**

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

**Title:****Name and Address:**

\*AMBR\* = Authorized Member

\*MGR\* = Manager

MANAGERJAIME ANTONIO CUADRA  
4011 W. FLAGLER ST STE 501  
CORAL GBLES, FL 33134MGRMGMARIA JOSE VELAZQUEZ  
4011 W. FLAGLER ST STE 501  
CORAL GABLES, FL 33134\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 09/01/2020 (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.Attached EIN number please adding thank you  
\_\_\_\_\_  
\_\_\_\_\_**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.

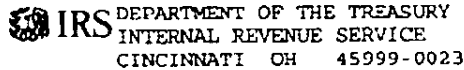
JAIME CUADRA

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)

10/10/2020



Date of this notice: 09-09-2020

Employer Identification Number:  
85-2923608

Form: SS-4

Number of this notice: CP 575 B

RICE APP LLC  
JAIME A CUADRA MBR  
4011 W FLAGLER ST STE 501  
CORAL GABLES, FL 33134

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 85-2923608. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

03/15/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.