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(Address)
,
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CAPITAL CONNECTION, INC.

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RBX Property Holo	lings, LLC	PH 1: 01
	· · · · · · · · · · · · · · · · · · ·	Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: Seth	09/16/20	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 1! Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

	New Filing Sec Division of Col				
SUBJEC	RBX Prope	rty Holdings, LLC	,		
505420		Narr	e of Limited L	ability Company	
The enclo	sed Articles of	Organization and (fee(s) are suhm	itted for filing.	
		ndence concerning		_	
	Raymundo M	lartinez			
			Nam	e of Person	
			Firm	/Company	
	15940 NW 37	7 Place			
			A	ddress	
	Miami Garde	ns, FL 33054			
			City/State	and Zip Code	
	E	-mail address: (to l	e used for futu	re annual report notifica	tion)
For further i	nformation con	cerning this matter	, please call:		
	Raymundo Ma	rtinez	786 _at (246-6551	
	Name	of Person	Area Code	Daytime Telepho	ne Number
Enclosed is	s a check for the	following amoun	ı :		
■\$ 125.00	Filing Fee	□\$130.00 Filing Certificate of Sta	tus Cer	155.00 Filing Fee & tified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Division P.O. Box	ng Section of Corporations		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assec ect, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

RBX Property I				_
(Mus	t contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
RTICLE II - Address: ne mailing address and str	reet address of the principal o	office of the Limited	Liability Company is:	
<u>Pr</u>	incipal Office Address:		Muiling Address:	
15940 NW 37 P	lace	159	40 NW 37 Place	
Miami Gardens	. FL 33054		mi Gardens, FL 33054	_
he Limited Liability Com	d Agent, Registered Office,	Registered Agent.	nt's Signature: You must designate an individual or	- 2
ne Limited Liability Com other business entity with	d Agent, Registered Office, apany cannot serve as its own h an active Florida registration treet address of the registered	Registered Agent, on.)	nt's Signature: You must designate an individual or	2
ne Limited Liability Com other business entity with	npany cannot serve as its own h an active Florida registratio	Registered Agent. on.) I agent are:	nt's Signature: You must designate an individual or	
ne Limited Liability Com nother business entity with	pany cannot serve as its own han active Florida registration treet address of the registered	Registered Agent, on.)	nt's Signature: You must designate an individual or	623 623 727
ne Limited Liability Com other business entity with	pany cannot serve as its own han active Florida registration treet address of the registered	Registered Agent. on.) I agent are:	nt's Signature: You must designate an individual or	
ne Limited Liability Com nother business entity with	pany cannot serve as its own han active Florida registration treet address of the registered Raymundo Martinez	Registered Agent. on.) I agent are:	You must designate an individual or	
the Limited Liability Commother business entity with	apany cannot serve as its own han active Florida registration treet address of the registered Raymundo Martinez. 15940 NW 37 Place	Registered Agent. on.) I agent are:	You must designate an individual or	17 PK 1:

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>MGR</u>	Raymundo Martinez 15940 NW 37 Place Miani Gardens, FL 33054
MGR	Beatriz Martinez 15940 NW 37 Place Mianti Gardens, FL 33054
(Use attachment if necessary)	
CLE V: Effective date, if other than the da	ate of filing:
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does no	ate of filing:
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does not be current's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.) If the date inserted in this block does no comment's effective date on the Departme CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Augmanda Signature of a to This document is executed.	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)