## L20000287021

(Re	questor's Name)	·
(Ad	dress)	
	dress)	
(Au	aless)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Pu	siness Entity Nan	no)
(Du	Siliess Entity Nan	ne)
_		
(Do	cument Number)	_
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



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## COVER LETTER

TO: New Filing Sec Division of Cor					
RCLEC SUBJECT:	Ringoc	LLC	_		
AODJECT.	Name of I	Limited Liabil	ity Company		
The enclosed Articles of	Organization and feets)	are submitted	l for tiling.		
Please return all correspe					
r rease return an correspo	machee emicerning mis	matter to the	ionowing.		
Roland Cota	rdo				
		Name of	Person		
BC-LT.C	Ringoe Ll	_C			
	J	Firm/Co	mpany		
8208 Via Vit	toria Way				
•		Addı	ess		
Orlando Flor	ida 32819				
roland@simor	nsimaan.com	City/State ar	d Zip Code	***	
E	E-mail address: (to be us	ed for future	nnual report notificati	ion)	
For further information con	ncerning this matter, ple	ase call;			
Roland Cotar	doat (	407	405-2344		
Name	e of Person	Area Code	Daytime Telephon	e Number	
Enclosed is a check for the	se following amount:				
∐\$125.00 Filing Fee	■\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Certificate of Stat Certified Copy (additional copy is e	us & nclosed)
<u>Mailin</u>	g Address		Street Address		2020 JUL
	ling Section	New Filing Section Division		ir =	
	Division of Corporations  The Centre of Tallahassee  P.O. Box 6327  2415 N. Monroe Street, Suite 810		23		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ility Company is:			
RCHIC	Ringoe L	LC		
(Must co	ontain the words "Limited	Liability Company, "l	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	t address of the principal o	office of the Limited L	iability Company is:	
<u>Princ</u>	cipal Office Address:		Mailing Address:	
8208 Via Vittoria <sup>v</sup>	Wav	8208	Via Vittoria Way	
Orlando, F	L 32819		lo FL 32819	
	Roland Cotardo	Name		
	8208 Via Vittoria Way  Florida street address (P.O. Box NOT acceptable)			
		SSTE.U. BOX NULL acc	eptante)	
	r forida street addres			
	Orlando	Florida	32819	
			32819 Zip	

(CONTINUED)

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ARTICLE IV-

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

. . . . . .

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Managing Member MGK	Roland Cotardo 8208 Via Vittoria Wav Orlando, Fl. 32819
(Use attachment if necessary)	
the date of filing.)	
REQUIRED SIGNATURE:	Malak
This document is execularly fals	gibber or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
Reland Cotardo	
	Typed or printed name of signee
	Filing Fees:
\$ 30.00 Certified Copy (Optional)	rganization and Designation of Registered Agent
\$ 5.00 Certificate of Status (Option	nal)

Hello

I am a Licensed Reator and want to fole

for a LLC in the State of Florida. The name.

Of the LLC is RELLC. Please find the executed Documents with signatures, along with a check for the films fee and Centrificate of Status. Please let me know if you need anything Clse,

Soucevly Rolind fishersb (407) 405 - 2344

Roland (a) Simon Simaan Com

2020 JUL 23 PN 4: 00