Division of Corporations

# Florida Department of

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.

(((H20000353261 3)))



H200003532613ABCW

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

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. RRS II, LLC.

OCT 1 3 7070

T. SCOTT

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

Electronic Filing Menu Corporate Filing Menu

Help

(((H20000353261 3)))

# ARTICLES OF ORGANIZATION OF RRS II, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company shall be:

RRS II, LLC.

#### ARTICLE II - ADDRESS

The mailing address is 4135 Poinciana Avenue, Coconut Grove, FL 33133 and the street address of the principal office of the Limited Liability Company is 4135 Poinciana Avenue, Coconut Grove, FL 33133.

#### ARTICLE III - REGISTERED AGENT

(The Limited Linbility 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 street address of the initial registered agent are:

Giorgio L. Ramirez, Esq. 7300 N. Kendall Drive, Suite 520 Miami, FL 33156

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

### ARTICLE IV - AUTHORIZED MEMBER(S) OR MANAGER(S)

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

AMBR and MGR James P. York

4135 Poinciana Avenue Coconut Grove, FL 33133

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated begin are true. I am aware that any false information in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.)

Giorgio L. Ramirez

(((H20000353261 3)))