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(Re	equestor's Name)	<del></del>
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

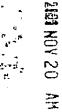
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## COVER LETTER

TO: New Filing Se Division of Co			44	
SUBJECT:	RM3D LLO Name of Lim	ited Liability Company		
The enclosed Articles o	l'Organization and fee(s) are	submitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
-	TANIKA F	Name of Person		
	CPBify	Firm/Company	, p.a.	
121	8 Clock St	士方 Address	NOV 20	,
_Ja	cksonville	FL 32211 ty/State and Zip Code	A# 89	1—1 1—1
	JANIKA_L_	ROBERS GYAN For future annual report notificat	hod, com 5	
For further information c	oncerning this matter, please	call:		
TANIK	A Roberts at (	12 ) 596-67 ea Code Daytime Telephon	793 ne Number	
Enclosed is a check for	the following amount:			
□\$125 00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155 00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	)
Maili	ng Address	Street Address		

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

The name of the Limited Liability Company is:	
RM3D LLC	
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office o	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1208 ClockSt #5	1208 Clack St #5

# ARTICLE HI - 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:

ARTICLE I - Name:

Name

1268 Clock S+ # 5

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

Succeptable

(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...

(CONTINUED)

### ARTICLE IV-

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

"AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager $\mathcal{M} \mathcal{C} \mathcal{C}$	TANIKA Roberts			
	1208 Clack 3+ #5 Jax	JFL 32	2]/	
		- 11.10		
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the dat	le of filing: 1) 1 + 14, 2020 (C			
he date of filing.) Note: If the date inserted in this block does not the document's effective date on the Departmen	ne of filing: <u>0.4 14 2020</u> (Copecific and cannot be more than five business days meet the applicable statutory filing requirements at of State's records.			
he date of filing.) Note: If the date inserted in this block does not the document's effective date on the Departmen	meet the applicable statutory filing requirements	this date wil	I not be	
he date of filing.) Note: If the date inserted in this block does not the document's effective date on the Departmen ARTICLE VI: Other provisions, if any.	meet the applicable statutory filing requirements			
he date of filing.) Note: If the date inserted in this block does not the document's effective date on the Departmen ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE2	meet the applicable statutory filing requirements it of State's records.	this date wil	II not be Table NOV 20 品的	
he date of filing.) Note: If the date inserted in this block does not the document's effective date on the Departmen ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	meet the applicable statutory filing requirements	this date will	I not be like NOV 20 A	

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)

TaNika Roberts

**CPRify** 

1208 Clock St #5 Jacksonville, FL 32211

912-596-6793

Tanika\_L\_Roberts@yahoo.com

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