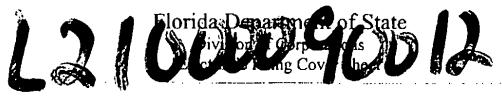
3/1/2021

Division of Corporations



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.

(((H210000835143)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 : (954)384-8565 Phone Fax Number : (954)385-5175

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

FLORIDA LIMITED LIABILITY CO. RS SARO LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

MAR 0 3 2021

T. SCOTT

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Help

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COVER LETTER

TO:	New Filing S Division of C				
SUBJI	CT: RS SARC				
		Name of L	imited Liab	lity Company	
The en	closed Articles o	of Organization and fce(s)	ire submitte	d for filing.	
Please	return all corres	pondence concerning this n	natter to the	following:	
	DIEGO FI	GUEROA			
			Name o	f Person	
	E & F LAT	IN GROUP LLC			
			Firm/C	ompany	
	1820 N CO	PRPORATE LAKES BLVI	SUITE 10	9	
			Add	ress	
	WESTON I	FL 33326			
	DIECOGIEE		•	d Zip Code	
		LATINACCOUNTING.Co E-mail address: (to be used		unual report notificat	tion)
For furthe		oncerning this matter, pleas			,
101 101111	i mornianon ec	oncerting tha matter, prous	- 		
	DIEGO FIG	UEROA at (9:	54) 384 8565	
	Non	ne of Person A	rea Code	Daytime Telephor	ne Number
Enclosed	l is a check for t	the following amount:			
□\$125.	00 Filing Fce	■\$130.00 Filing Fee & Certificate of Status	Certific	5.00 Filing Fee & ed Copy is enclosed)	☐\$160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division	ng Address Hing Section on of Corporations		Street Address New Filing Section D. The Centre of Tallaha	18800
		Box 6327 inssee, FL 32314		2415 N. Monroe Stre Fallahassee, FL 3230	

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	CICL	E1-	Name

The name of the Limited Liability Company is:

RS SARO LLC

(Must conatin 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:

2665 EXECUTIVE PARK DR	2665 EXECUTIVE PARK DR
SUITE 2	SUITE 2
WESTON, FL 33331	WESTON, FL 33331

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:

E&FLATIN GROUP LLC

Name

1820 N CORPORATE LAKES BLVD SUITE 109

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

 WESTON
 FL
 33326

 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)

2021 HAR -2 AM H: 42

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	MIGUEL L. ROSANI 2665 EXECUTIVE PARK DR SUITE 2 WESTON, FL 33331
MGR	ANA CESILIA SALDANA 2665 EXECUTIVE PARK DR SUITE 2 WESTON, FL 33331
(Use attachment if necessary) EV: Effective date, if other than the date feetive date is listed, the date anuat be seen to be seen	ate of filling: 03/01/2021 (OPTIONAL)
LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 ds timeet the applicable statutory filing requirements, this date will not be at of State's records.
LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 ds t meet the applicable statutory filing requirements, this date will not be
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JEV: Effective date, if other than the date fective date is listed, the date must be soffiling.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mathematical and aware that any false constitutes a third degree.	t meet the applicable statutory filing requirements, this date will not be not of State's records. CAD TRANSCO O . Themselve 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.