

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L210001033063

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.

(((H21000103306 3)))



H210001033063ABCQ

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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****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.
ROFOUS HUMMINGBIRD LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED
2021 MAR 15 AM 9:42
FILED
2021 MAR 15 PM 2:36
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES
STATE
OF FLORIDA

3/16/21
[Signature]

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: RUFIOUS HUMMINGBIRD, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW H. JACOBSON

Name of Person

CARLTON FIELDS, P.A.

Firm/Company

700 NW 1ST AVENUE, SUITE 1200

Address

MIAMI, FLORIDA 33136

City/State and Zip Code

MJACOBSON@CARLTONFIELDS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW H. JACOBSON 305 539-7372

Name of Person

at (_____) _____
Area Code

Daytime Telephone 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)

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
MAR 15 PM 2:36
STATE
FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RUFIOUS HUMMINGBIRD LLC

(Must contain 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:781 CRANDON BOULEVARDUNIT 1102KEY BISCAVNE, FL 33149**Mailing Address:**781 CRANDON BOULEVARDUNIT 1102KEY BISCAVNE, FL 33149**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:

CF REGISTERED AGENT, INC.

Name

100 S. ASHLEY DRIVE, SUITE 400Florida street address (P.O. Box **NOT** acceptable)TAMPA, FL 33602

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)

FILED
2021 MAR 15 PM 2:36
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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:

AMBR

MARK D. JACKMAN
781 CRANDON BLVD. UNIT 1102
KEY BISCAYNE, FL 33149

AMBR

MARIA JACKMAN
781 CRANDON BLVD. UNIT 1102
KEY BISCAYNE, FL 33149

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Matthew H. Jacobson

Typed or printed name of signee

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)

FILED
2021 MAR 15 PM 2:36
STATE
OF FLORIDA