## Florida Department of

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(((H210001269313)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007 Phone : (786)845-8854 Fax Number : (321)473-3052

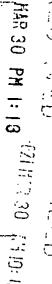
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA LIMITED LIABILITY CO. RIOCAM LLC

Certificate of Status	0
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## COVER LETTER

	ing Section of Corporations			
RIC SUBJECT:	DCAM LLC			
SUBJECT.	Name of Lin	nited Liabilit	y Company	<del></del>
The enclosed Art	icles of Organization and fee(s) are	e submitted f	or filing.	
Please return all o	correspondence concerning this ma	itter to the fo	llowing:	
GAB	RIEL HATEM			
		Name of P	erson	
TAX	CARE MIAMI BEACH			
•		Firm/Com	pany	
1111	LINCOLN ROAD SUITE 500			
	·	Addres	is	
MIA	MI BEACH, FL 33139			
CUND		ity/State and	Zip Code	
3018	IZREG@TAXCAREINC.COM E-mail address: (to be used	for future an	nual report notification	on)
For further informa	ition concerning this matter, please		•	
	RIEL HATEM 78		8458854	
		rea Code	Daytime Telephone	Number
Enclosed is a che	ck for the following amount:			
■\$125.00 Filing	Fee S130.00 Filing Fee & Certificate of Status	Certified	00 Filing Fee & Copy copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		reet Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	New Filing Section Division of Corporations		ew Filing Section Div he Centre of Tallahas	
	P.O. Box 6327		115 N. Monroe Street	L Suite 810

Tallahassee, FL 32314

The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RIOCAM LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LL.C.")
TICLE II - Address:	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
mailing address and street address of the principal office	of the Limited Liability Company is
B was and and a decision of the principal office	or the Difficed Liability Company is:
Principal Office Address:	Mailing Address:
1330 WEST AVE API 914	1330 WEST AVE APT 914
MIAMI BEACH, FL 33139	MIAMI BEACH, FLORIDA 33139
ICLE III - Registered Agent, Registered Office, & Re	egistered Agent's Signature:
Limited Liability Company cannot serve as its own Regi	stered Agent. You must designate an individual or
her business entity with an active Florida registration.)	_
name and the Florida street address of the registered agen	*
name and the Fields street address of the registered agen	it are:
TAV CADE MAMERIA	Cu
TAX CARE MIAMI BEA	CI

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

MIAMI BEACH FL 33139
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..

Begistered Agent's Signature (REQUIRED)

(CONTINUED)

92111 30 W100 lek

The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR **CAMILO RIOS WHITE** 1330 WEST AVE APT 914 MIAMI BEACH, 33139 (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. **REOUIRED SIGNATURE:** Signature of a member-or all 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, P.S. CAMILO RIOS WHITE 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)

ARTICLE IV-