# 121000186283

(Requestor's Name)							
(Address)							
(Address)							
(Addiess)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



300365232123

94/39/21--01001--011 ++125.00

T. CLINE

APR 80

EXAMINER

# ACCESS,

CORPORATE When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

	PICI	K UP:	4/29 Glinda			
	CERTIFIED COPY					
xx	РНОТОСОРУ			<u></u>		
	CUS					
xx	FILING	LLC				_
1.	Rodrez LTD MB, LLC (CORPORATE NAME AND DOCUMENT #)					
2.	(CORPORATE NAME AND DOCUME	MENT #)				
3.	(CORPORATE NAME AND DOCUM	MENT #)				
4.	(CORPORATE NAME AND DOCUM	MENT#)	~			
5.	(CORPORATE NAME AND DOCUM	MENT #)				
6.	(CORPORATE NAME AND DOCUM	MENT #)				
SPECIA INSTRU	L JCTIONS:					

## Articles of Organization For Florida Limited Liability Company

#### Article I

The name of the Limited Liability Company is:

RODREZ LTD MB, LLC

#### Article II

The street address of the principal office of the Limited Liability Company is:

1190 NE 89<sup>th</sup> Street Miami, Florida 33138

The mailing address of the Limited Liability Company is:

1190 NE 89<sup>th</sup> Street Miami, Florida 33138

The email address to receive notifications from the Florida Department of State is:

michaelrod81@hotmail.com

#### **Article III**

The name and Florida street address of the registered agent is:

Michael Rodriguez 1190 NE 89<sup>th</sup> Street Miami, Florida 33138

Having been named as registered agent and to accept service of the 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.

Registered agent signature: /s/ Michael Rodriguez

#### **Article IV**

The Limited Liability Company will be a manager-managed company. The name and address of person authorized to manage Limited Liability Company is:

Michael Rodriguez Title: Manager 1190 NE 89<sup>th</sup> Street Miami, Florida 33138

Jessica Rodriguez Title: Manager 1190 NE 89<sup>th</sup> Street Miami, Florida 33138

Signature of member or an authorized representative: /s/ Michael Rodriguez

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.