L7-1000/86285

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

Office Use Only



500365232105

500365232105 04/30/21--01001--009 **125.00

2021 AFR 29 AM II: 53

4 🗒

T. CLINE

APR 80

EXAMINER

ÇORPORATE ACCESS, _

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

	CERTIFIED COPY		
XX	РНОТОСОРУ		
	CUS		
xx	FILING	LLC	
	Rodrez LTD TK, LLC (CORPORATE NAME AND DOCUM	ENT #)	
	(CORPORATE NAME AND DOCUM	ENT #)	2021 APR 29
	(CORPORATE NAME AND DOCUM	ENT#)	• • • • • • • • • • • • • • • • • • • •
	(CORPORATE NAME AND DOCUM	ENT #)	* AK 1 53
-	(CORPORATE NAME AND DOCUM	ENT #)	
-	(CORPORATE NAME AND DOCUM	ENT#)	

Articles of Organization For Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:

RODREZ LTD TK, LLC

Article II

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

1190 NE 89th Street Miami, Florida 33138

The mailing address of the Limited Liability Company is:

1190 NE 89th 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 89th 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

2021 AFR 29 AM 11: 53

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 89th Street Miami, Florida 33138

Jessica Rodriguez Title: Manager 1190 NE 89th 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.

2021 AFR 29 AFFIF 53