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.

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To:

Division of Corporations

Fax Number : (350)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone Fax Number

: (305)444-4994 : (325)444-4977

**Enter the email address for this business entity to be used for future

annual	report mailings.	Enter	only	one	email	address	please.	**
Email	Addnose:							

FLORIDA LIMITED LIABILITY CO. RC3 GROUP, LLC

Certificate of Status	Ü
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

To: 18506176381

The name of the Limited Liability Company is:

RC3 GROUP, LLC

(Must end with 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:		
2828 CORAL WAY	2828 CORAL WAY		
SUITE :00	SUITE 100		
MIAMI, FL 33145	MIAMI, FL 33145		

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:

CHIRLES LEON

Name

2828 CORAL WAY, SUITE 100

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

MAANI FL 33145

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. Thereby 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)

Page 1 of 2

SECRETARY OF MARK

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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	CARLOS JULIO GOMEZ MORENO
	2828 CORAL WAY, SUITE 100
	MIAMI, FL 33145
MGR	CRISTINA ISABEL CALDERON CALDERIN
	2828 CORAL WAY, SUITE 100
	MIAMI, FL 33145
(Use attachment if necessary)	
ARTHOUGH PRO COLOR COLOR COLOR	ACCUMENT OF COMM.
	of filing: JUNE 01, 2021 (OPTIONAL)
(if an effective date is listed, the date must be sp the date of filing.)	ecific and cannot be more than five business days prior to or 90 days after
	neet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department	
the document's enective date on the Department	of Sime Siccords.
ARTICLE VI: Other provisions, if any.	
DESIGNED CLESS CEVIOR	
REQUIRED SIGNATURE:	
<i>C.C.C.</i>	enter Levier
Signature of o me	ember or an authorized representative of a member.
	ted in accordance with section 605.0203 (1) (b). Florida Statutes.
	information submitted in a document to the Department of State
	63-3

co of printed dank of signed

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)

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JUN -2 PH 4:53