Division of Corporations Electronic Filing Cover Sheet

**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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H210002409723ABC

**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

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

: (614)280-3338 : (954)208-0845

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

## FLORIDA LIMITED LIABILITY CO. RFG INVESTMENTS-QUAIL ROOST, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

Page, 4 of 5

2021-06-18 14:03:18 CST

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| ARTICLES OF ORGANIZATION FOR FLORIDA L  | IMITED LIABILITY COMPANY                               |
|---|--|
| ARTICLE I - Name:   |  |
| The name of the Limited Liability Company is:   |  |
|   |  |
| RFG INVESTMENTS-QUAIL ROOST, LLC  |  |
| (Must contain the words "Limited Liability Co   | mpany, "L.L.C.," or "LLC.")                            |
| ARTICLE II - Address: The mailing address and street address of the principal office of the  Principal Office Address:  | Limited Liability Company is: <u>Mailing Address</u> : |
| 7165 SW 47 St   | 7165 SW 47 St  |
| Strite 320  | Suite 320  |
| Miami, Fl 33155   | Miami, Fl 33155  |
| ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) |  |

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

| LINDA ROTH, P.A      | L                           |          |
|----------------------|-----------------------------|----------|
|                      | Name                        |          |
| 2333 Brickell Aven   | ue. Suite A-I               |          |
| Florida street addre | ss (P.O. Box <u>NOT</u> acc | eptable) |
| Miami                | Florida                     | 33129    |
| 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 psy position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| "AMBR" = Authorized Member   | Name and Address:   |
|--|---|
| "MGR" = Manager  |   |
| MGR  | RUBEN F. GONZALEZ   |
|  | 7165 SW 47 St Suite 320   |
|  | Miami, Fl 33155   |
|  | 211011111111111111111111111111111111111   |
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| (Use attachment if necessary)  |   |
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Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

LINDA ROTH, Authorized Representative

S 5.00 Certificate of Status (Optional)