

7-Sep-2021 15:15 UNKNOWN 3837 3838 P.1  
C21000332238 311

Florida Department of State  
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.

((H21000332238 3)))



H210003322383ABCY

**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 : (850)617-6381

From:  
Account Name : CORPOLICENSE, INC  
Account Number : I20050000118  
Phone : (305)774-9606  
Fax Number : (305)774-9660

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

Email Address: alemmantes@yahoo.es

FLORIDA LIMITED LIABILITY CO.  
LRR SERVICE GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
2021 SEP -7 AM 9:40  
2021 SEP -7 PM 2:54

H21000332238

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY  
OF  
LRR SERVICE GROUP, LLC**

**ARTICLE I - NAME:**

The name of the Limited Liability Company Is:

**LRR SERVICE GROUP, LLC**

**ARTICLE II - ADDRESS:**

The mailing and principal address of the Limited Liability Company is:

**2987 SW 17<sup>th</sup> Street  
Miami, FL 33145**

**ARTICLE III - Registered Agent, Registered Office, & Registered  
Agent's Signature:**

The Registered Agent designated is: **Leonela Rodriguez**

**Leonela Rodriguez  
2987 SW 17<sup>th</sup> Street  
Miami, FL 33145**



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.

H21000332238

2021 SEP -7 AM 9:40  
FILED

H21000332238

**ARTICLE IV - Management/Member(s):**

The name and address of each Manager or Managing Member is as follows:

**TITLE:                      NAME AND ADDRESS**

**MGR                      Leonela Rodriguez  
2987 SW 17<sup>th</sup> Street  
Miami, FL 33145**

200

---

**Leonela Rodriguez  
2987 SW 17<sup>th</sup> Street  
Miami, FL 33145**

2021 SEP - 7 AM 9:40

ED

(In accordance with section 605.0201, Florida Statutes,  
The execution of this document constitutes an affirmation under  
The penalties of perjury that the facts stated herein are true)

H21000332238