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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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W21-138792

TO: New Filing Section Division of Corporations		•
SUBJECT: RRKZ Tru Name of Lin	CKINGLL C	·
The enclosed Articles of Organization and feers) are	e submitted for filing.	
Please return all correspondence concerning this mu	ntter to the following:	
Paulino Ro	Savi d Name of Person	
RRKZ tri	CKING LC	<u> </u>
PO BOX 390	357 Address	
Deltona	ity/State and Zip Code	9
E-mail address: (to be used	for future annual report notificat	ion)
For further information concerning this matter, please	e call:	
Pauline Locario at A	rea Code Daytime Telephon	83 ne Number
Enclosed is a check for the following amount:		
25 (X) Status DIS130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> New Filing Section Division of Corporations	Street Address New Filing Section Di The Centre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L. L.C.," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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:

Name

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

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

City State 2

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Fitle:</u> "AMBR" = Authorized Member	Name and Address:	
WGR" = Manager ANTWO ROSWID	215 Mexer covint Deltona FC 32738	
EV: Effective date, if other than the date entire date is listed, the date must be sperfilling.) The date inserted in this block does not me.	of filing:	
E.V: Effective date, if other than the date efficiency date is listed, the date must be spetfilling.) The date inserted in this block does not ment's effective date on the Department of	ecific and cannot be more than five business days prior to calcet the applicable statutory filing requirements, this date with	
EV: Effective date, if other than the date efficiency date is listed, the date must be specifiling.) The date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNAPHRE:	ecific and cannot be more than five business days prior to concer the applicable statutory filing requirements, this date with of State's records.	
ctive date is listed, the date must be spe f filing.) the date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNAPURE: Signature of a me This document is execut I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b). Florida State information submitted in a document to the Department of Stefony as provided for in s.817.155. F.S.	II not be