

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 : (850)617-6381

From: Account Name : TAX CARE CELEBRATION
Account Number : I20190000007
Phone : (786)845-8854
Fax Number : (321)473-3052

TALLAHASSEE, FLORIDA

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

Email Address: Jessica.torres@taxcareinc.com

**FLORIDA LIMITED LIABILITY CO.
ROXFARMA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: ROXFARMA LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSANA MUÑOZ BENITEZ

Name of Person

ROXFARMA LLC

Firm/Company

2900 Glades Circle Suite 1000

Address

Weston, FL 33327

City/State and Zip Code

nathaly.cuartas@taxcareinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosana Munoz at (954) 9034036
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 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)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL 32303
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROXFARMA LLC

(Must contain 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:

2900 Glades Circle Suite 1000
Weston, FL 33327

Mailing Address:

2900 Glades Circle Suite 1000
Weston, FL 33327

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:

TaxCare Pembroke Pines

Name

12555 Orange Dr, Suite 265

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

Davie

FL

33330

City

State

Zip

I 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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Rosana Muñoz Benites

2900 Glades Circle Suite 1000, Weston, FL 33327

AMBR

Bruno Tapia Munoz

2900 Glades Circle Suite 1000, Weston, FL 33327

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Pri Rosanda Muñoz

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any 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.

Pri Rosanda Muñoz

Typed or printed name of signer

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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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