Mar 02 2022	17:26 HP Fax	page 1		
3/2/22, 2:48 PM	Ľ	Division of Corporations	0	2
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	**Enter anr	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**		
	Ema	nil Address:		
		FLORIDA LIMITED LIABILITY CO.		

## **RM VERO INVESTMENT LLC**

Certificate of Status	0		
Certified Copy	1		
Page Count	02		
Estimated Charge	\$155.00		

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

**RM VERO INVESTMENT LLC** 

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

## ARTICLE JI - Address:

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

Principal Office Address:			Mailing A	ddress:		
1486 FAIRWAY CIR GREENACRES, FL			1486 FAIRWAY CIR GREENACRES. FL 334	13		
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: RAMON A. RODRIGUEZ CURIEL					2022 HAR -2 AM	
		Name		Ċ	<u> </u>	Ser.
1486 FAIRWAY CIR					6) 1) 1) 1) 1) 1) 1)	
	Florida street address (P.O. Box NOT acceptable)					
	GREENACRES	FL		_		
	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 my position as registered agent as provided for in Chapter 605, F.S..

Registered Ageny's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	RAMON A. RODRIGUEZ CURIEL 1486 FAIRWAY CIR GREENACRES. FL 33413	
AMBR	ARY L. MARTINEZ DE RODRIGUEZ J486 FAIRWAY CIR GREENACRES, FL 33413	
		AR - 2 AM
(Use attachment if necessary)		H 10: 16

(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. NONE

REQUIRED SIGNATURE:
H. Hue
Signature of a member or an authorized representative of a member.
Ins document is executed in accordance with section 605 0203 (1) (b) Florida Statutes
Fair aware that any pise information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.
RAMON A, RODRIGUEZ CURIEL
Typed or printed name of signee