Division of Corporations

p.1

3/23/22, 11:43 AM

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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: (850)617-6381

From:

Account Name : XOTCHILTH VALDIVIA

Account Number : I20220000026

Phone : (305)332-1478

Fax Number

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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.

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|-------|----------|------|
| | | |

FLORIDA LIMITED LIABILITY CO. **RENT-2-PARTY, LLC**

| Certificate of Status | 0 |
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COVER LETTER

| TO: | New Filing Sec Division of Co | | | | | | | | |
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| | RE | NT-2-PARTY, LLC | | | | | | | |
| SUBJEC | | | | | | | | | |
| | *************************************** | Nam | e of Lim | nited Liabi | lity Company | | | | |
| | | | | | | | | | |
| The encl | losed Articles of | Organization and f | èe(s) are | submitted | for filing. | | | | |
| Please re | eturn all corresp | ondence concerning | this ma | tter to the | following: | | | | |
| | | ALFREDO E. RAM | IOS | | | | | | |
| | <u></u> | | | | | | | | |
| | | | | Name of | i Person | | | | |
| | | | | | | | | | |
| | | | | Firm/Co | mpany | - | | | |
| | 10 | 050 SW 12 TERR | | | | | | | |
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| |) 49 A | | | Add | ress | | Ž | 2022 HAR | æ.12° |
| | MIA | MI, FL 33174 | | | | | | 5 2 | ur. |
| | | | C | ity/State ar | nd Zip Code | | <u></u> | ω · | ţ. |
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| | | E-mail address: (to | be used | for future | annual report notifica | ition) | · 1 | H: 0 | • |
| For furthe | r information co | ncerning this matte | r, please | call: | | | -#3 hrt | 90 | |
| | ALFREDO I | E. RAMOS | 78 | 6 | 366-8306 | | | | |
| | | | _at (| | .) | | | | |
| | Nan | e of Person | Аг | ea Code | Daytime Telepho | ne Number | | | |
| Enclose | d is a check for t | he following amour | 1†· | | | | | | |
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| | | | | | | (additional co | py is enclos | ∉á) | |
| | Mailis | ng Address | | | Street Address | | | | |
| | • | iling Section | | | New Filing Section I | Division | | | |

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| RENT-2-PA | PTV LLC | | | | |
|---|--|-----------------------------------|-----------------------------|---------------------------------------|--|
| | ntain 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 | d Liability Company is: | | |
| Princ | ipal Office Address: | | Mailing Addres | <u>ss</u> : | |
| 10050 SW 12 TERR | | 1003 | 10050 SW 12 TERR | | |
| MIAMI, FL 33174 | | | MIAMI, FL 33174 | | |
| ARTICLE III - Registered A The Limited Liability Comparation of the Limited Liability with an another business entity with an | ny cannot serve as its own | n Registered Agent, | You must designate an indiv | vidual or | |
| The name and the Florida stree | et address of the registere | ed agent are: | | | |
| | | | | | |
| | ALFREDO E. RAMO | S | | | |
| | ALFREDO E. RAMO | S Name | | | |
| | ALFREDO E. RAMO 10050 SW 12 TERR | | | | |
| | | Name | acceptable) | | |
| | 10050 SW 12 TERR | Name | acceptable) 33174 | | |
| | 10050 SW 12 TERR Florida street addre | Name ss (P.O. Box <u>NOT</u> a | | 2002 v compons at the | |

(CONTINUED)

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager | |
| MGR | ALFREDO E. RAMOS |
| | 10050 SW 12 TERR |
| | MIAMI, FL33174 |
| | |
| | |
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| (Use attachment if necessary) | |
| CLE V: Effective date, if other than the da | tte of filing: 03/23/2022 . (OPTIONAL) |
| effective date is listed, the date must be s | specific and cannot be more than five business days prior to or 90 days |
| te of filing.) | |
| It the date inserted in this block does not | t meet the applicable statutory filing requirements, this date will not be li |
| annously officialism data on the Description | nt of State's records. |
| ocument's effective date on the Departmen | |
| ocument's effective date on the Departmer CLE VI: Other provisions, if any. | · · · · · · · · · · · · · · · · · · · |
| · | |

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.

ALIFREDO E, RAMOS

Typed or printed name of signee

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)

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