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CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

The Rig Hut, LL	.C	
· · · · · · · · · · · · · · · · · · ·		
		Art of Inc. File
<del></del> -		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
o.g.mar.		Vehicle Search
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# AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

Α	R	H	C	LE	I	-	N	a	m	e	:

The name of the Limited Liability Company is:

2022 MAY -2 PM 2: 54

The Rig Hut, LLC				Segment of the			
	ain the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")	10 MEENTASSEE			
ARTICLE II - Address: The mailing address and street a	ddress of the principal c	office of the Limite	ed Liability Company is:				
<u>Princip</u>	al Office Address:		Mailing Add	dress:			
5782 SW 50 Street Miami, FL 33155			5782 SW 50 Street Miami, FL 33155				
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its own	Registered Agent		ndividual or			
The name and the Florida street	address of the registered	d agent are:					
	AGI Registered Age	nts, Inc.					
		Name					
	1000 Brickell Avenu						
	Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)				
	Miami	FL	33131				
	City	State	Zip				
laving been named as registered olace designated in this certificate urther agree to comply with the point familiar with and accept the ol	. I hereby accept the app rovisions of all statutes re	ointment as registe elating to the prop as registered agen	ered agenfand agree to ac er and complete performa it as provided for in Chapt wure (REQUIRED)	et in this capacity. I nce of my duties, and I			

### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Jake A. Guso 5782 SW 50 Street Miami, FL 33155
<u>MGR</u>	Jose A. Lorido 90 Edgewater Drive, # 402 Coral Gables, FL 33133
MGR	Robert Eckstein 8015 SW 143 Street Miami, FL 33158
	-2 PH 2: 54
(Use attachment if necessary)	
If an effective date is listed, the date must be some date of filing.)	te of filing:
RTICLE VI: Other provisions, if any.	N OT OMINE D TEEDING.
REQUIRED SIGNATURE:	
This document is exec I am aware that any fal-	nember of an authorized representative of a member. outed in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State see fellowy as provided for in s.817.155, F.S.
Robert R. Adam	ns. Authorized Representative 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)