

**L220000239021**Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : CLARA GIRALDO ENROLLED AGENT  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

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

Email Address: \_\_\_\_\_

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CORPORATION  
COMMERCIAL  
SERVICESFLORIDA LIMITED LIABILITY CO.  
RTM GENERAL WORK, LLC.

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF**

**RTM GENERAL WORK, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**RTM GENERAL WORK, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**112 SW 15 AVE  
HOMESTEAD, FL. 33030**

The mailing address shall be:

**112 SW 15 AVE  
HOMESTEAD, FL. 33030**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**ROBINSON TORO**

**112 SW 15 AVE**  
Florida Street address (P.O.BOX **NOT** acceptable)  
**HOMESTEAD, FL. 33030**  
City, State, and Zip

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CLARA OFFICE

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ROBINSON TORO  
112 SW 15 AVE  
HOMESTEAD, FL. 33030

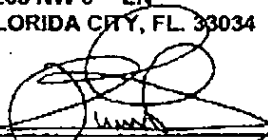
AMBR

EDISON YEPES  
1814 SW 32<sup>ND</sup> PL  
MIAMI, FL. 33145

MANAGER

ALEJANDRA TEPEB MEJIA  
1205 NW 3<sup>RD</sup> LN  
FLORIDA CITY, FL. 33034

MANAGER



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROBINSON TORO  
Typed or printed name of signer

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ED