# L22000269074

(Re	equestor's Name)	
(Ad	idress)	
(Àd	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PłCK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2022 JUN 13 AM 11: 44

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2022 JUN 13 AM II: 42
STEERS TORK SEED FOR

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 738177 7266213
AUTHORIZATION :
COST LIMIT: \$ 125.00
ORDER DATE : June 10, 2022
ORDER TIME : 8:55 AM
ORDER NO. : 738177-005
CUSTOMER NO: 7266213
DOMESTIC FILING
NAME: RKNR, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP  XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker - EXT.
EXAMINER'S INITIALS:

# **COVER LETTER**

	New Filing Sec Division of Co					
SUBJEC	RKNR. LI	.C				
300000	·	Na	me of Lir	nited Liabi	ity Company	
The enclo	osed Articles of	Organization and	l fee(s) ar	e submitted	for filing.	
Please ret	urn all corresp	ondence concerni	ng this m	atter to the	following:	
	Melissa M.	Zeiders				
	·-			Name of	Person	
	Stevens & I	ee PC				
		-		Firm/Co	ompany	<del> </del>
	17 N. 2nd S	Street				
		<del>-</del> <u></u>		Addı	ess	
	Harrisburg,	PA 17101				
				City/State ar	d Zip Code	
		rs@stevenslee.co		. C C		• •
					annual report notificat	ion)
For further	information co	ncerning this mat	ter, pleas	e call:		
	Melissa M. Z	Zeiders		۱7	255-7360	
	Nan	ie of Person	A	rea Code	Daytime Telephon	e Number
Enclosed	is a check for t	he following amo	unt:			
□\$125.0	0 Filing Fee	□\$130.00 Fili Certificate of		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address			Street Address Naw Filing Section D	inisian
	Divisio	iling Section on of Corporation	ıs		New Filing Section Di The Centre of Tallaha	issee
	P.O. B	ox 6327			2415 N. Monroe Stre	et, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 JUN 13 AH 11: 43

RKNR, LLC				<b>SECICE</b> ACCOUNTS OF A
(Must c	onatin the words "Limited	Liability Company,	"L.IC.," or "LLC.")	SECRETARY OF STATE TALLAHASSEE, FL
ARTICLE II - Address: The mailing address and stree	et address of the principal o	office of the Limited	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Addre	<u>ess</u> :
7810 SW 67 Ave		781	) SW 67 Ave	
South Miami FL	33143		th Miami FL 33143	<del></del>
ARTICLE III - Registered.				ividual or
The Limited Liability Comp another business entity with	any cannot serve as its owr an active Florida registration	n Registered Agent. on.) d agent are:		ividual or
The Limited Liability Comp another business entity with	any cannot serve as its own an active Florida registration eet address of the registered Corporation Service	n Registered Agent. on.) d agent are:		ividual or
ARTICLE III - Registered. (The Limited Liability Companother business entity with) The name and the Florida stre	any cannot serve as its own an active Florida registration eet address of the registere	n Registered Agent. on.) d agent are: Company Name	You must designate an ind	ividual or
(The Limited Liability Companother business entity with	any cannot serve as its own an active Florida registration eet address of the registered Corporation Service 1201 Hays Street	n Registered Agent. on.) d agent are: Company Name	You must designate an ind	ividual or

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.,

Corporation Service Company

Eyluma Behard

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Memb "MGR" = Manager	er	
<u>AMBR</u>	Rodrigo Aldorino 1205 NE 142nd Street North Miami FL 33161	7072 JUN
AMBR	Nick Oliva 73 7810 SW 67 Ave 97 South Miami FL 33143 97	<u></u>
AMBR	Kevin Gonzalez  8493 SW 181 PL  Miami FL 33193	1 = <b>5</b>
AMBR	Paul Franisco 35 Ellen Circle Old Bridge, NJ 08857	_ <del></del>
(Use attachment if necessary)		
an effective date is listed, the date ne date of filing.)	un the date of filing:	or 90 days after
RTICLE VI: Other provisions, if any.		
		<del></del>
REQUIRED SIGNATURE	Welson M. Zeiders	

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.

Melissa M. Zeiders 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)
- S 5.00 Certificate of Status (Optional)