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## COVER LETTER

	New Filing Section Division of Corporations					
enn nez	RIO HOLDING HALLANDA	LE LLC				
Name of Limited Liability Company						
The enclo	sed Articles of Organization and fe	e(s) are submitted	for filing.			
Please ret	urn all correspondence concerning	this matter to the	following:			
	LINDA ROTH, ESQ.					
		Name o	Person			
	LINDA ROTH, P.A.					
		Firm/Co	ompany:			
	2333 Brickell Avenue, Suite UL	4-Mezzanine				
		Add	ress			
	Miami, Fl 33129					
		City/State a	nd Zip Code			
	lr@lindarothlaw.com  F-mail address: (to b	e used for future	annual report notification)			
For further	information concerning this matter					
	Linda Roth, Esq.	305	774-7070			
	Name of Person	_ \	Daytime Telephone Number			
Enclosed	is a check for the following amoun	t:				
	Filing Fee \$130.00 Filing Fe Certificate of Sta	ee & \$155 itus Certi	00 Filing Fee & \$160.00 Filing Fee, Tied Copy - Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

# CT CORP

# 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	10/05/2022	an: DW
		Acc#I20160000072	an: Cook
Name:	RJO HO	LDINGS HALLANDALE L	_C
Document #:			
Order #:	1457036	1	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
Filing: 🗸	Certif Plain: COGS		
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amou	unt: \$ 155.00	

Thank you!

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
RJO HOLDING HALLANDALE LLC		_
(Must contain the words "Limited Liability	Company, "L.L.C.," or "L.LC.")	
ARTICLE II - Address:		
The mailing address and street address of the principal office of	the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
7165 SW 47 St	7165 SW 47 St	_ :: 9
Suite 320	Suite 320	
Miami, Fl 33155	Miami, Fl 33155	
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 a	ue:	30 Ho
LINDA ROTH, P.A.		
Name		

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..

2333 Brickell Avenue, Suite UL4-Mezzanine Florida street address (P.O. Box NOT acceptable)

Miami

City

By:

Registered Agent's Signature (REQUIRED)

Florida

State

(CONTINUED)

ARTICLE I - Name:

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

PARITY OF A STATE OF THE PARITY OF THE PARIT	Same and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	RUBEN F. GONZALEZ	
<del></del>	7165 SW 47 ST Suite 320	<del>-</del>
	Miami, Fl 33155	_
	13.10.11.11.11.11.11.11.11.11.11.11.11.11.	
MGR	JOHN JAIRO OBANDO	
	7165 SW 47 ST Suite 320	_
	Miami, FI 33155	_
	Whith, F1 33 133	_
		_
		- 25 B
(Use attachment if necessary)		그로 짓임다
(Cae attachment necessary)		అ క్రా
ARTICLE V: Effective date, if other than the date of filing:	(ORTIONAL)	<u> </u>
		S.T.
(If an effective date is listed, the date must be specific and	cannot be more than live business days prior to or	yo days after
the date of filing.)		1 12 1
Note: If the date inserted in this block does not meet the ap		not be listed as
the document's effective date on the Department of State's	records.	
A DIMORNAL OF THE STATE OF		
ARTICLE VI: Other provisions, if any.		
		<del></del>

REQUIRED SIGNATURE:

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.

LINDA ROTH, 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)