

L22000445336

Division of Corporations

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

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

From:

Account Name : TAX S PRO CORP
Account Number : I20200000147
Phone : (786)307-2733
Fax Number : (954)420-7118

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

Email Address: _____

INFO@TAXSPRO.COM

**FLORIDA LIMITED LIABILITY CO.
ROD RUBIANO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2022 OCT 17 AM 8:57

2022 OCT 17 PM 12:35

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ROD RUBIANO LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANWAR I PUELLO

Name of Person

TAX S PRO CORP

Firm/Company

8030 PINES BLVD

Address

PEMBROKE PINES, FLORIDA 33024

City/State and Zip Code

INFO@TAXSPRO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANWAR I PUELLO

786

307-2733

at

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 OCT 17 PM 12:35
TAX S PRO CORP

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROD RUBIANO LLC

(Must contain 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 Liability Company is:

Principal Office Address:

1180 NE 1 ST, APT 9
FT LAUDERDALE, FL 33301

Mailing Address:

1180 NE 1 ST APT 9.
FT LAUDERDALE, FL 33301

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 are:

ANWAR I PUELLO

Name

8030 PINES BLVD

Florida street address (P.O. Box **NOT** acceptable)

PEMBROKE PINES, FL

City

State

33024

Zip

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 (REQUIRED)

(CONTINUED)

22 OCT 17 PM 12:35
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FLORIDA DEPARTMENT OF
REVENUE
TALLAHASSEE, FLORIDA

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