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Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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

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 FLORIDA LIMITED ROD RUBIAN		2 007 1
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Help

COVER LETTER

TO: New Filing Section Division of Corporations

ROD RUBIANO LLC SUBJECT:

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 P	UELLO 7 at (86	307-2733		22
Nan Enclosed is a check for t	e of Person A	Area Code	Daytime Telephon	e Number	00717
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	P.1 [2: 35
	ig Address	-	Street Address		

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - 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:	Mailing Address:
1180 NE 1 ST, APT 9	1180 NEIST APTY.
FT LAUDERDALE, FL 33301	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 addres	is (P.O. Box <u>NOT</u> a	cceptable)
PEMBROKE PINES	i,FL	33024
City	State	Zip

Having heen 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..

	22
Registered Agents Signature (REQUIRED)	
(CONTINUED)	
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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	RUBIANO RAMOS RODRIGO HUMBERTO 1180 NE 1 ST . APT 9 FT LAUDERDALE .FL 33301

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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D SIGNATURE:		
	<u> </u>	- 1
Signature of a member of an anthorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida S I am aware that any false information submitted in a document to the Department of	tatutes.	c c
constitutes a third degree felony as provided for in s.817.155, F.S.		-
RODRIGO HUMBERTO RUBIANO RAMOS	. .	
Typed or printed name of signee	Γ.,	i
Filing Fees:		1
Filing Fee for Articles of Organization and Designation of Registered Agent Certified Copy (Optional)		• ;

\$ 5.00 Certificate of Status (Optional)