## L22000478778

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM

DIVISION OF CORPOLITION

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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

Business	Document #	
Walk in	Pick up time	
Mail out	Will wait	
Photocopy		
Certified Copy of Articles of Co	rrection (please stamp each page)	
Certificate of Status		
NEW FILINGS	<u>AMMENDMENTS</u>	
Profit	Amendment	
Not for Profit	Resignation of R.A. Officer/Direct	
X _Limited Liability	Change of Registered Age	
Domestication	Dissolution/Withdrawal	
LLLP	Merger Conversion	
CORP	AFFIDAVID BY FOREIGN	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS	
Annual Report	Foreign filing	
	Statement of Partnership	
	Reinstatement	
Fictitious Name		

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: I20210000160 Amount: \_\_\$125.00\_\_\_\_\_
Authorization Signature: \_\_\_\_\_\_
RALGO on Miller Road LLC
Business Document #

Business	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy of Articles of Cor	rection (please stamp each page)
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation of R.A. Officer/Director
X _Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
LLLP	Merger Conversion
CORP	AFFIDAVID BY FOREIGN CORP
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Statement of Partnership Reinstatement
_APOSTIL _	Other
ntry	

EXAMINER'S INITIALS:\_\_\_\_\_

## COVER LETTER

	New Filing Section Division of Corporations			
ovin vila	RALGO ON MILLER RO	AD LLC		
SUBJECT:Name of Limited Liability Company				
The enclo	osed Articles of Organization a	nd fee(s) are submit	ted for filing.	
Plcase re	turn all correspondence concer	ning this matter to th	ne following:	
	Amy L. Gonzalez			
		Name	of Person	
		Firm	/Company	
	1955 NW 110 Avenue			
		A	ddress	
	Miami, FL 33172			
	Amy@HRPaving.com	City/State	e and Zip Code	
		(to be used for futi	re annual report notificati	on)
For furthe	r information concerning this n	natter, please call:		
	Amy Gonzalez	305 at (	261-3005	
	Name of Person		le Daytime Telephone	e Number
Enclose	l is a check for the following a	nwunt:		
₩\$125	00 Filing Fee	of Status Co	\$155.00 Filing Fee & crtified Copy tional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address New Filing Section D	ivision
	New Filing Section Division of Corporat P.O. Box 6327	ions	The Centre of Tallaha	assee
	Tallahassee, FL 323	14	Tallahassee, FL 3230	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	R ROAD LLC		4 1 C 2 0 I C 23	
(Must conta	in the words "Limited	Liability Company,	L.L.C., OF LLC.	
ARTICLE II - Address: The mailing address and street ac	ddress of the principal	office of the Limited	Liability Company is:	
Principa	al Office Address:		Mailing Address:	
1955-NW-1-10-Avenu	<b>(*-</b>	1955	1955 NW-110 Avenue	
17201.17 110 21101.2	·	Min	Miaspi, Fl. 33172	
Miami, FL 33172		191103	DI, FL 33172	<del>-</del>
ARTICLE III - Registered Age (The Limited Liability Company	cannot serve as its ow	., & Registered Ager n Registered Agent.		1 1 22/40/ 40/5/410
DTICLE III Panietarad An	cannot serve as its ow active Florida registrat	e, & Registered Ager on Registered Agent. '	nt's Signature:	6- AC
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its ow active Florida registrat	e, & Registered Ager in Registered Agent. ' ion.) ed agent arc:	nt's Signature:	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its ow active Florida registrat address of the register	e, & Registered Ager on Registered Agent. '	nt's Signature:	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its ow active Florida registrat address of the register	e, & Registered Ager on Registered Agent. Vi ion.) ed agent are: Name	nt's Signature:	22MOV -9 MM 4: 17
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registrat address of the register Amy L. Gonzalez	e, & Registered Ager on Registered Agent. Vi ion.) ed agent are: Name	nt's Signature: You must designate an individual or	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registrat address of the register Amy L. Gonzalez	e, & Registered Ager on Registered Agent. Vi ion.) ed agent are: Name	nt's Signature: You must designate an individual or	

further agree to comply with the provisions of all statutes retoting to the proper and complete performance of my 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)

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR	Anny L. Gonzalez 1955 NW 110 Avenue Miami, FL 33172	SECR DIVISION <b>21.1</b> 10
MGR	Richard Gonzalez 1955 NW 110 Avenue Miami, FL 33172	
		SATIONS U: 17
(Use attachment if necessary)		
(If an effective date is listed, the date must b	date of filing: (OF e specific and cannot be more than five business day not meet the applicable statutory filing requirements, then of State's records.	ys prior to or 90 days after
ARTICLE VI: Other provisions, if any.		
REOUIRED SIGNATURE:		
This document is e.	a member or an authorized representative of a mer executed in accordance with section 605.0203 (1) (b), F false information submitted in a document to the Dep- egree felony as provided for in s.817.155, F.S.	Florida Statutes.
Amy I Gon	Zalez Typed or printed name of signee	
	Filing Fees:	
\$125.00 Filing Fee for Articles o \$ 30.00 Certified Copy (Option	f Organization and Designation of Registered Ager	nt
\$ 5.00 Certificate of Status (O		

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

ARTICLE IV-