

To:

Page: 2 of 4

2022-11-14 18:32:39 GMT

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From: Yanet Avila

11/14/22, 1:12 PM

Division of Corporations

FLORIDA DEPARTMENT OF STATE

Division of Corporations

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FLORIDA LIMITED LIABILITY CO. RI & MD SERVICES LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RI & MD SERVICES 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:1420 MASSACHUSETTS AVE
SAINT CLOUD, FL 34769SAME

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:

MINERVA YSABEL OLIVAR VILLEGAS

Name

1420 MASSACHUSETTS AVEFlorida street address (P.O. Box **NOT** acceptable)

<u>SAINT CLOUD</u>	<u>FL</u>	<u>34769</u>
City	State	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.

/s/ Minerva Ysabel Olivar Villegas

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 NOV 14 PM 03:35

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

ROGER A. GODOY MARQUEZ
1420 MASSACHUSETTS AVE
SAINT CLOUD, FL 34769

AMBR

MINERVA YSABEL OLIVAR VILLEGAS
1420 MASSACHUSETTS AVE
SAINT CLOUD, FL 34769

(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.

THE PURPOSE OF THIS ENTITY IS SERVICES OF DRYWALL, FRAMING, FINISH AND ANY ALL
LAWFULL PURPOSE IN THE UNITED STATES.

REQUIRED SIGNATURE:

/s/ Minerva Ysabel Olivar Villegas

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.

MINERVA YSABEL OLIVAR VILLEGAS

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)

22 NOV 14 PM 3:35