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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.  
RD CELL, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
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Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

RD CELL, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

8370 NW 52<sup>nd</sup> TER  
DORAL, FL 33166

**Mailing Address:**

8370 NW 52<sup>nd</sup> TER  
DORAL, FL 33166

**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:

Name

LUIS CABRERA

Florida Street address (P.O. Box **NOT** acceptable)8370 NW 52<sup>nd</sup> TER

|       |       |       |
|-------|-------|-------|
| Doral | FL    | 33166 |
| 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 provide for in chapter 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

LUIS CABRERA

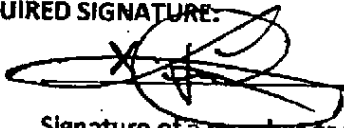
8370 NW 52ND TER

DORAL, FL 33166

(Use attachment if necessary)

**ARTICLE VI: Other provisions, if any**

**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.