

2/28/23, 10:12 AM

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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 : FLL BUSINESS SOLUTION CORP  
Account Number : I20190000092  
Phone : (754)202-8663  
Fax Number : (786)636-3620

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

Email Address: FLLbusiness@outlook.com26  
25  
24  
23  
22FLORIDA LIMITED LIABILITY CO.  
SOUTHERN COUNTRY RDMO LLC

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

**SUBJECT:** COUNTRY SOUTHERN RDMO 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:

XIANNY CHINCHILLA

Name of Person

ELL BUSINESS SOLUTION CORP

ଆମ୍ବାଦିଗାନ

8350 W STATE ROAD 84

21125

DAVIE, FL 33324

City, State and Zip Code

FLI.business@outlook.com

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

For further information concerning this matter, please call:

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

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To:

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2023-02-28 17:10:59 GMT

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From: Xianny Chinchilla

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SOUTHERN COUNTRY RDMO LLC

(Must contain the words "Limited Liability Company, "LLC," or "LLC")

**ARTICLE II - Address:**

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

Principal Office Address:

1629 BLUE JAY CIR  
WESTON, FL 33327-2009

Mailing Address:

1629 BLUE JAY CIR  
WESTON, FL 33327-2009

**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:

FLL BUSINESS SOLUTION CORP

No.

8350 W STATE ROAD 84

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

<u>DAVIE</u>	<u>FLORIDA</u>	<u>33324</u>
<u>City</u>	<u>State</u>	<u>Zip</u>

*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.*

Xianny Chinchilla

Registered Agent's Signature (RE<sup>Q</sup>RED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**MEMBER

RDAMM CONSTRUCTION LLC  
1629 BLUE JAY CIR  
WESTON, FL 33327

MEMBER

ORTIZ BUCAREY CONSTRUCTION LLC  
1629 BLUE JAY CIR  
WESTON, FL 33327

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/28/2023. (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.

RESIDENTIAL AND COMMERCIAL REAL ESTATE PROPERTY MANAGEMENT AND ANY ALL LAWFUL BUSINESS

**REQUIRED SIGNATURE:**Ricardo E Damm Pavez

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.

RICARDO E DAMM PAVEZTyped or printed name of signer**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)

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