L23000133019

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000108654 3))

H23000108654 3 6 0 1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : WHOLE TAX PROFESSIONAL SERVICES, INC.
Account Number : I20200000179
Phone : (786)253-9951
Fax Number : (305)397-1052

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

Email Address: wholetax@gmail.com

FLORIDA LIMITED LIABILITY CO.
RBL CARE & SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

2023 MAR 22 PM 1:56
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

H23000108654

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is

RBL Care & Solutions, 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:
2546 Wiley Ct	2546 Wiley Ct
Hollywood, FL, 33020	Hollywood, FL 33020

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

Karla G. Rivera Lopez
Name

2546 Wiley Ct
Florida street address (P.O. Box **NOT** acceptable)

Hollywood, FL 33020
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H23000108654

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:
Ambr	Karla R. Rivera Lopez 2546 Wiley Ct Hollywood, FL 33020

(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

REQUIRED SIGNATURE:

Karla

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.

Karla R. Rivera Lopez
Typed or printed name of signee

FILED
2023 MAR 22 PM 1:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA