5/3/23, 10:24 AM



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 : ELO ENTERPRISES, INC

Account Number : I20150000109 Phone

: (561)544-8862

Fax Number

: (954)697-0130

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

Email Address: sales@eloenterprises.us

FLORIDA LIMITED LIABILITY CO. RRPC BUSINESS LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 01 |
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Corporate Filing Menu

Help

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

| | idonia |
|--|---|
| ARTICLE I - Name: | |
| The name of the Limited Liability Company is: | |
| | |
| RRPC BUSINESS LLC | |
| (Must contain the words "Limited Liabi | ility 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: |
| 4700 NW BOCA RATON BLVD #202 | 4700 NW BOCA RATON BLVD #202 |
| BOCA RATON, FL 33431 | BOCA RATON, FL 33431 |
| | - |
| | |
| ARTICLE III - Registered Agent, Registered Office, & Re | egistered Agent's Signature: |
| (The Limited Liability Company cannot serve as its own Regi | stered Agent. You must designate an individual or |
| another business entity with an active Florida registration.) | |
| The manner and the Florida area and the Cale of the Land | |
| The name and the Florida street address of the registered ager | nt are: |
| ELO ENTERPRISE | S INC |

| ELO ENTERP | RISES, INC. | |
|-----------------------|----------------------------|------------|
| | Name | |
| 4700 NW Boca I | Raton Blvd #202 | |
| Florida street addres | ss (P.O. Box NOT ac | cceptable) |
| Boca Raton | FL | 33431 |
| City | State | Zin |

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)

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| | | | | | | |

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

| Title: | Name and Address: |
|--|--|
| "AMBR" = Author | |
| "MGR" = Manager | |
| MGR | RICARDO ALVES CARDOSO |
| | 4700 NW BOCA RATON BLVD #202 |
| | BOCA RATON, FL 33431 |
| MGR | |
| MUK | ROBERTO APARECIDO RODRIGUES DE BRITO |
| | 4700 NW BOCA RATON BLVD #202 |
| | BOCA RATON, FL 33431 |
| MGR | PAULO ROBERTO NOGUE!RA CARVALHO |
| | 4700 NW BOCA RATON BLVD €202 |
| | BOCA RATON, FL 33431 |
| 1.COD | · |
| MGR | CESAR SILVA GOUVEIA |
| | 4700 NW BOCA RATON BLVD #202 |
| | BOCA RATON, FL 33431 |
| VCD | |
| MGR | ALVES&BRITO CORPORATION |
| | 4700 NW BOCA RATON BLVD #202 |
| | BOCA RATON, FL 33431 |
| an effective date is listed, date of filing.) ote: If the date inserted in t | the date must be specific and cannot be more than five business days prior to or 90 days a this block does not meet the applicable statutory filing requirements, this date will not be list on the Department of State's records. |
| REQUIRED SIGN | Ricardo Alves Cardoso (May 3, 2023 11:24 ADT) |
| I an | Signature of a member or an authorized representative of a member. s document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, a aware that any false information submitted in a document to the Department of State stitutes a third degree felony as provided for in s.817.155, F.S. |
| F. L. | RICARDO ALVES CARDOSO – Manager |
| // L | MCALCO AL FLO CARIOCO - Hallagei |
| · (2) | Typed or printed name of signee |

PELLED AN T: 43
SECRETAN SEE, FL