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.

(((H23000206764 3)))



H230002087843ABC/

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 : OSBORNE & OSBORNE, P.A.

Account Number : I20000000119

Phone

: (561)395-1000

Fax Number

: (561)368-6930

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

Email Address: RIM2@OSBORNEPA.COM

RECEIVED 23 JUN -8 AM 8:09 FLORIDA LIMITED LIABILITY CO. INV-RUBY, L.L.C.

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

2023 JUN -8 PM 3: 21 SECP 1: 17 SEE, FL TALLLALESSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

((H2300020564 3))

((H2300020676\$64 3)))

ARTICLES OF ORGANIZATION FOR INV-RUBY, L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is:

INV-RUBY, L.L.C.

ARTICLE II - Address:

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

Principal Office Address: 1515 S. Federal Highway Suite 106 Boca Raton, Florida 33432 Malling Address: 1515 S. Federal Highway Suite 106 Boca Raton, Florida 33432

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent is:

ROBERT I. MACLAREN II 1515 S. Federal Highway Suite 108 Boca Raton, Florida 33432

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.

ROBERT / MACLAREN I

(CONTINUED)

Page 1 of 2

(((H23000206764 3)))

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

MGR

ADDRESS

ALFREDO ALETTO

6401 Pond Apple Road Boca Raton, FL 33433

ARTICLE V: Effective date is

Upon Filing

ARTICLE VI:

The Limited Liability Company shall exist perpetually or until dissolved in a manner provided by law, or as provided in the Articles of Organization adopted by the Members. The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

REQUIRED SIGNATURE:

Signature of a member of an authorized representative of a member.

(In accordance with section 606.0203 (1) (b) Florida Statutes the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am ewere 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.)

Robert I. MacLaren II
Typed or printed name of signee

H:\LIBRARY\23\Z9829\Docs\ARTICLES OF ORGANIZATION.wpd

1023 JUN -8 PM 3: 24

Page 2 of 2