

L23000347472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

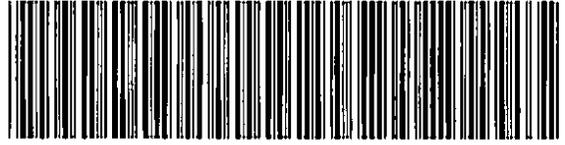
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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S. CHATHAM
JUL 24 2023

07/24/23--01001--006 520.00

2023 JUL 21 PM 12:03
RETURN

2023 JUL 21 PM 2:51
RECEIVED

FLORIDA RESEARCH & FILING SERVICES, INC.

4044 LONGLEAF CT

TALLAHASSEE, FL 32310

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

RUCANELLO HOLDING LLC

PLEASE RETURN A STAMPED COPY & A CERTIFICATE OF STATUS

THANK YOU

CHECK# 9661

FOR: \$520.00

(\$130.00 for this filing)

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: RUCANELLO HOLDING 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:

JAIME REYES

Name of Person

CBA MIAMI LLC

Firm/Company

1600 PONCE DE LEON BLVD., STE 901

Address

CORAL GABLES FL 33134

City/State and Zip Code

JAIME.REYES@CBAMIAMIUS.COM

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

For further information concerning this matter, please call:

CLARA MONTEAGUDO 954 608-4896

Name of Person Area Code Daytime Telephone Number

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 Certificate of Stat Certified Copy (additional copy is e

Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RUCANELLO HOLDING 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:

1600 PONCE DE LEON BLVD., STE 901

CORAL GABLES FL 33134

1600 PONCE DE LEON BLVD., STE 901

CORAL GABLES FL 33134

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:

GRACIELA LOPEZ

Name

1600 PONCE DE LEON BLVD., STE 901

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

CORAL GABLES

FL

33134

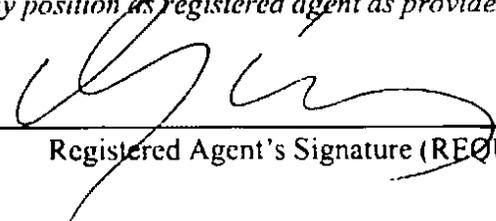
City

State

Zip

2023 JUL 21 PM 12:03
FBI

Having been named as registered agent and to accept service of process for the above stated limited liability company place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties. 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)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

GRACIELA LOPEZ
1160 PONCE DE LEON BLVD STE 901
CORAL GABLES FL 33134

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S...
...

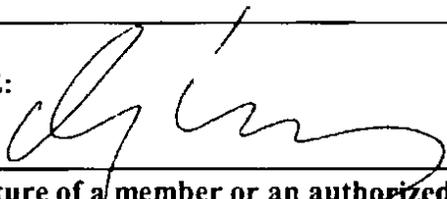
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/20/2023 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
HOLDING COMPANY (OF RELATED INVESTMENT LLCS.)

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 Statute. 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.

GRACIELA LOPEZ

Typed or printed name of signee

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)