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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : OLIVE JUDD, P.A. Account Number : I20200000171 Phone : (954)334-2250

Fax Number : (888)503-5258

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. [7]

Address:					Г
	Address:	Address:	Address:	Address:	Address:

FLORIDA LIMITED LIABILITY CO. RB's Melbourne, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Electronic Filing Menu Corporate Filing Menu

Help

Fax:

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	SUBJEC	~Г.	RB's Mel	bourne, LLC				
	БОВСЕС	. • ,		Nair	e of I	limited Liabil	ity Company	
	The enck	osec	d Articles o	f Organization and t	ce(s)	are submitted	I for filing.	
	Please re	turn	all corresp	ondence concerning	this	matter to the I	following:	
		1	Nicole M.	Villarroel, Esq.				
		-				Name of	Person	
		(Olive Judd,	P.A.				
						Firm/Co	mpany	
		2	1426 East L	as Olas Boulevard				
		-				Addr	ess	
]	ort Lauder	dale, Florida 33301				
		ns	illarroel@c	olivejudd.com		City/State and	d Zip Code	The state of the s
						ed for future a	nnual report notifica	ation)
F	or further	info		ncerning this matter				
		N	icole M. V	'illarroel		954	334-2250	
			Nam	e of Person		Area Code	Daytime Telepho	one Number
	Enclosed	is a	check for t	he following amoun	ι:			
	≣\$125.0	0 Fi	ling Fee	□\$130.00 Filing Certificate of Sta		Certific	5.00 Filing Fee & ed Copy el 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 Tallahassec, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(((H23000356354 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	A IC	ı ICI,	ונונ	- N	ame	:
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The name of the Limited Liability Company is:

Fax:

'2023 OCT || PM 3: 35

ARTICLE II - Address:

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

Principa	Office Address:		Mailing Address:
6 GibsonTerrace		6 Gib	son'Terrace
Bridgewater, NJ 0880	7	Bridg	ewater, NJ 08807
he Limited Liability Company of other business entity with an ac	tive Florida registratio	n.)	ou must designate an individual or
	Olive Judd, P.A.	Name	
		Name	
	2426 East Las Olas B Florida street address	oulevard	cptable)
	2426 East Las Olas B	oulevard	eptable)

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 stanutes 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)

ARTICLE IV-

(((H23000356354 3)))

"MGR" = Manager MGR Phulmattic Baimath 6 GibsonTerrace Bridgewater, NJ 08807 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lument's effective date on the Department of State's records. LE VI: Other provisions, if any. 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 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. Nicole M. Villatroel Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Title:	Name and Address:
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	"AMBR" = Authorized Member	-
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: OPTIONAL) (GPTIONAL) (Meetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lument's effective date on the Department of State's records. LE VI: Other provisions, if any. 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 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. Nicole M. Villarroel Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	"MGR" = Manager	
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