# L23000 492172

(	Requestor's Name)	
(	Address)	
- (	Address)	
(	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
(	Document Number)	-
Certified Copies	_ Certificates of Sta	tus
Special Instructions to I	Filing Officer:	···





200418013642



# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RRJ33, LLC	
Please Debit FCA000000003 For: 125	
Thank you Seth Neeley	
1.4/	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Au. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ .	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
org. material	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

#### **COVER LETTER**

	New Filing Sec Division of Cor				
SUBJEC	RRJ33, LL	С			
SUBJEC	·	Name of	Limited Lia	ability Company	<del></del>
The enclo	sed Articles of	Organization and fee(s	) are submit	tted for filing.	
Please ret	urn all correspo	ondence concerning thi	s matter to t	he following:	
	NICKY RU	WISCH			
			Name	e of Person	
	HERSKOW	ITZ SHAPIRO, PLLC			
		<del></del>	Firm	/Company	· · · · · · · · · · · · · · · · · · ·
	9130 S. DAI	DELAND BOULEVA	RD, SUITE	1609	
			A	ddress	
	MIAMI, FL	ORIDA 33156			
	NICKY@HS	LAWFL.COM	City/State	and Zip Code	
		<del> </del>	ised for fiitu	re annual report notificat	tion)
For further	information co	ncerning this matter, p.	ease call:		
	NICKY RUV		305	423-1407	
	Nam	ne of Person		e Daytime Telephor	ne Number
Enclosed	is a check for t	he following amount:			
	0 Filing Fee	□S130.00 Filing Fe Certificate of Status	Cer	\$155.00 Filing Fee & riffied Copy ional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address illing Section on of Corporations 30x 6327		Street Address New Filing Section E The Centre of Tallah 2415 N. Monroe Str	nassee eet, Suite 810
	Tallah	assee, FL 32314		Tallahassee, FL 3230	03

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

f the principal o  e Address:  VE  33109  istered Office,	STATE OF THE Limited  5152 UNI MIA  & Registered Agent. Property of the Limited Agent.  State of the Limited Agent.	"L.L.C.," or "LLC.")  Liability Company is:  Mailing Address:  FISHER ISLAND  1 5152  MI BEACH, FLORIDA 33109  t's Signature: You must designate an individual or	
e Address:  VE  33109  istered Office, serve as its own orida registratio	& Registered Agent. Registered Agent. on.)	Mailing Address:  FISHER ISLAND  1 5152  MI BEACH, FLORIDA 33109  t's Signature:	
33109 distered Office, serve as its own orida registratio	& Registered Agent. On.)	FISHER ISLAND F 5152 MI BEACH, FLORIDA 33109 t's Signature:	
33109 distered Office, serve as its own orida registratio	& Registered Agent. On.)	T 5152 MI BEACH, FLORIDA 33109 t's Signature:	
istered Office, serve as its own orida registratio	& Registered Agent. Registered Agent. on.)	MI BEACH, FLORIDA 33109 t's Signature:	- <del></del>
istered Office, serve as its own orida registratio	& Registered Agent. Registered Agent. on.)	t's Signature:	
serve as its own orida registratio	Registered Agent. on.)		
<u> </u>	Name		
da street address	s (P.O. Box <u>NOT</u> a	ceptable)	
MI BEACII	FLORIDA	33109	
City	State	Zip	
vaccept the appo of all statutes re	ointment as register elating to the proper	d agent and agree to act in this capac and complete performance of my duti	city. I
1 C V	FISHER ISLAM la street addres II BEACH City I to accept serve accept the app of all statutes re of my position	FISHER ISLAND DRIVE, UNIT 5 la street address (P.O. Box NOT ac  II BEACH FLORIDA  City State  It to accept service of process for the accept the appointment as registere of all statutes relating to the proper of my position as registered agent a	Name  FISHER ISLAND DRIVE, UNIT 5152  la street address (P.O. Box NOT acceptable)  MI BEACH FLORIDA 33109  City State Zip  It to accept service of process for the above stated limited liability company accept the appointment as registered agent and agree to act in this capacity of all statutes relating to the proper and complete performance of my dutil of my position as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

67.17

## ARTICLE IV-

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

Title:	Name and Address:	
	Authorized Member	
"MGR" = Ma	-	
<u>AMBR</u>	ROBERT C. HANNAH 5152 FISHER ISLAND DRIVE, UNIT 5152	
	MIAMI BEACH, FLORIDA 33109	<del></del>
	MININI DIANGE. I BONIDA 33107	
•		
<del> </del>		
	<del></del>	<del></del>
		·
	<del></del>	
(Use attachm	ent if necessary)	
RTICLE VI: Other p	orovisions, if any.	
	SIGNATURE:	
HELE CHILLE	, oronina one.	
		- <b></b>
	Signature of a member or an authorized representative of a mem This document is executed in accordance with section 605.0203 (1) (b), F I am aware that any false information submitted in a document to the Depa constitutes a third degree felony as provided for in s.817.155, F.S.	lorida Statutes.
	ROBERT C. HANNAH	
	Typed or printed name of signee	·
	Filing Fees:	
	ing Fee for Articles of Organization and Designation of Registered Agen	t
	ertified Copy (Optional)	<b>N.</b> 3
\$ 5.00 Ce	rtificate of Status (Optional)	2023
		فتع