

L23000518318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11/29/23 -- 01011 -- 024 **120.00

11/29/23 -- 01011 -- 025 **5.00

PROPRIETARY OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 NOV 20 PM 1:51

RECEIVED

2023 NOV 20

5:11

COVER LETTER

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

SUBJECT: RM 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:

JACQUELINE ACEVEDO

Name of Person

JASASTSA BUSINESS SERVICES LLC

Firm/Company

22095 US HWY 19 N

Address

CLEARWATER, FLORIDA 33765

City/State and Zip Code

AUCLEARWATER@GMAIL.COM

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

For further information concerning this matter, please call:

J. ACEVEDO 727 645-2856

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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2023

JACQUELINE ACEVEDO
22095 US HWY 19 N
CLEARWATER, FL 33765 US

SUBJECT: RM LLC
Ref. Number: W23000156770

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000318384.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 923A00026801

RECEIVED
2023 NOV 20 PM 2:35:02
DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RM PALM HARBOR 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:

36609 US HWY 19 N

PALM HARBOR, FLORIDA 34684

Mailing Address:

36609 US HWY 19 N

PALM HARBOR, FLORIDA 34684

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:

JASASTSA BUSINESS SERVICES LLC

Name

22095 US HWY 19 N

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

CLEARWATER

FLORIDA

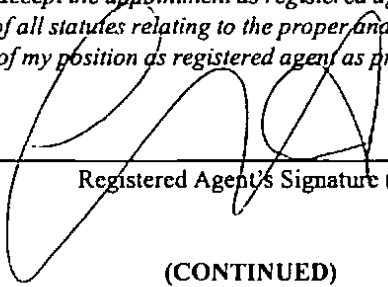
33765

City

State

Zip

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)

2025

5:1

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

AMBR

RICARDO A. CASTANEDA
36609 US HWY 19 N
PALM HARBOR, FLORIDA 34684

AMBR

EDWIN A. ARROYAVE
36609 US HWY 19 N
PALM HARBOR, FLORIDA 34684

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/20/2023. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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

ARTICLE VI: Other provisions, if any.

ANY AND ALL ALLOWED

REQUIRED SIGNATURE:

Ricardo A. Castaneda

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.

RICARDO A. CASTANEDA

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)