

**L24 000083895** (((H24000066754 3)))

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (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 : M & R TAX ADVISORS LLC  
Account Number : 120200000057  
Phone : (786)657-6652  
Fax Number : (786)284-3320

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

Email Address: jannett@hrtaxadvisors.com

FLORIDA LIMITED LIABILITY CO.  
ROMART INVESTMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01

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11:11:55

Estimated Charge	\$125.00
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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ROMART INVESTMENT LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jannett A. Rodriguez

Name of Person

H&R Tax Advisors LLC

Firm/Company

12741 SW 38TH TER

Address

Miami, FL 33175

City State and Zip Code

jannett@hrtaxadvisors.com

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

For further information concerning this matter, please call:

Jannett A. Rodriguez

786

857-6252

at ( )

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)

**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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ROMART INVESTMENT 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:1871 SW 126 TH CT  
MIAMI, FL 331751871 SW 126 TH CT  
MIAMI, FL 33175

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

MARIANELA GONZALEZ JUNCO

Name

1871 SW 126 TH CTFlorida street address (P.O. Box **NOT** acceptable)MiamiFL33175

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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

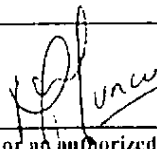
"MGR" = Manager

**Name and Address:**AMBRMARIELLA GONZALEZ JUNCO1871 SW 126 TH CTMIAMI, FL 33175AMBRROLANDO A. MIRALLES ANDRACA1871 SW 126 TH CTMIAMI, FL 33175

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/19/2024 (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:**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.

MARIELLA GONZALEZ JUNCO

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)

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