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Division of Corporations Electronic Filing Cover Sheet

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(((H240000971163)))



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From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC

Account Number : I20090000001 Phone : (239)213-0066 Fax Number : (239)213-0698

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### FLORIDA LIMITED LIABILITY CO.

RWZ Capital Holdings, LLC

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

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3/14/2024 10:44:30 AM PAGE 1/001 Fax Server

**Second Submission** (((H24000097116 3)))

18134256350



March 14, 2024

FLORIDA DEPARTMENT OF STATE

ADVOCATE CONSULTING LEGAL GROUP, PLLC

SUBJECT: RWZ, LLC REF: W24000041395

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 P14000039514.

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KAIN COSTELLO Regulatory Specialist II New Filing Section FAX Aud. #: B24000097116 Letter Number: 624A00005536

P.O BOX 6327 - Tallahassee, Florida 32314

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### Second Submission (((H24000097116 3)))

#### COVER LETTER

	New Filing Sec Division of Cor	
SUBJEC		tal Holdings, LLC
		Name of Limited Liability Company
The encl	osed Articles of	Organization and fee(s) are submitted for filing.
Please re	turn all correspo	ondence concerning this matter to the following:
	Erin Meyer	
		Name of Person
	Advocate Co	msulting Legal Group, PLLC
		Firm/Company
	3555 Kraft I	Road, STE 240
		Address
	Naples, FL 3	4105
		City/State and Zip Code
	erinm@advoc	
	ŀ	E-mail address: (to be used for future annual report notification)
or further	information co	ncerning this matter, please call:
	Erin Meyer	239- 213-0066 at ()
	Nam	e of Person Area Code Daytime Telephone Number
Enclosed	is a check for the	he following amount:
■\$125.0	00 Filing Fee	□\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &  (additional copy is enclosed) Certified Copy (additional copy is enclosed)

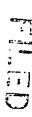
### Mailing Address

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

2024 HAR 15 PM 3: 57



18134256350

From: Advocate Consulting

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# Second Submission (((H24000097116 3)))

ARTICLES OF ORGANIZATION FOR FLOR	Second S RIDA LIMITED LIABILITY COMPANY (((H2400
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
RWZ Capital Holdings, LLC	
(Must contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office <u>Principal Office Address</u> :	of the Limited Liability Company is:  Mailing Address:
121 Hawkeye View Lane	150 Pelican Reef Drive
St. Augustine, FL 39025	St Augustine, FL 32080
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)  The name and the Florida street address of the registered agen	stered Agent. You must designate an individual or

Robert Zindie		
	Name	
150 Pelican Reef Dr	ive	
Florida street addre	ss (P.O. Box <u>XOT</u> ac	cceptable)
St Augustine, FL 32	080	
City	State	Zin

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..

Robert Eadie
301642310002437.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 HAR 15 PH 3: 58

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# Second Submission (((H24000097116 3)))

۸	RTI	CI	F	$IV_{-}$

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
· MGR	Robert Ziadie 150 Pelican Reef Drive St Augustine, FL 32080	
		<del></del>
(Use attachment if necessary)		
the date of filing.)	ist be specific and cannot be more than five business days prior occurrences the applicable statutory filing requirements, this date artment of State's records.	•
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	Robert Gadie 501642310C02437	
This document if I am aware that	of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Si any false information submitted in a document to the Department of degree felony as provided for in s.817.155, F.S.	intutes. of State
Robert Z	iadic	
	Typed or printed name of signee	
	Filing Fees:	202
\$125.00 Filing Fee for Article \$ 30.00 Certified Copy (Opti	es of Organization and Designation of Registered Agent	2024 MAR
\$ 5.00 Certificate of Status	·	) 20

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