

L24000137852

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

FILED
2024 MAR 25 AM 9:30
TALLAHASSEE, FLORIDA

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

Email Address: INFO@ARESCPA.COM

**FLORIDA LIMITED LIABILITY CO.
RM VENTURE PARTNERS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

COVER LETTER

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

SUBJECT: RM VENTURE PARTNERS 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:

MILTON A ARES

Name of Person

ARES & COMPANY CPA

Firm/Company

3636 SW 87 AVE

Address

MIAMI, FL 33165

City/State and Zip Code

INFO@ARESCPA.COM

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

For further information concerning this matter, please call:

MILTON ARES

305

229-8256

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RM VENTURE PARTNERS 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:3636 SW 87 AVE
MIAMI, FL 33172Mailing Address:3636 SW 87 AVE
MIAMI, FL 33172

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:

TURF 305 INC

Name

3636 SW 87 AVEFlorida street address (P.O. Box **NOT** acceptable)MIAMIFL33165

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.

TURF 305 INC

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

AMBR _____

TURF 305 INC
3636 SW 87 AVE
MIAMI, FL 33165

AMBR _____

R2 MOBILE SOLUTIONS INC
19189 NW 24TH CT
PEMBROKE PINES, FL 33029

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:

TURF 305 INC

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.

TURF 305 INC

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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2024 MAR 25 AM 9:31
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE