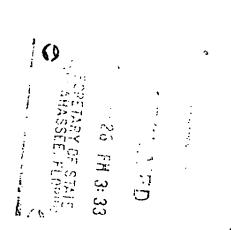
1210W/40121

(Requestor's Name)
. (Address)
. (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



600426069336







To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 03/26/24 Order #: 1464453-2

Re: RXI INVESTMENT GROUP LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

1200000001/95

AUTH CAPELLER OF REAL

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	ew Filing Section ivision of Corporations			
SUBJECT	RXI INVESTMENT GROUP LL	.C		
30001.01		Limited Liabil	ity Company	
The enclos	ed Articles of Organization and fee(s) are submitted	for filing.	
Please retu	rn all correspondence concerning this	matter to the	following:	
	STEVEN R AMSTER, ESQ.			
		Name of	Person	
	KODSI LAW FIRM PA			
		Firm/Co	empany	
	1000 N HIATUS ROAD, SUITE	103		
		Addr	ess	
	PEMBROKE PINES, FL 33026			
	steven@stevenramster.com	City/State an	d Zip Code	
-		sed for future a	annual report notification)	
For further in	nformation concerning this matter, ple	ease call:		
	Steven	954	771-8277 ext 111	
	Name of Person	Area Code	Daytime Telephone Number	473
Enclosed is	a check for the following amount:		A 20 A 20	ا ت المجادة المحادة المحادة
\$125.00 Fi	_	L_J _{Certifi}	on Filing Fee & S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copyris/enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liab	ility Company is:				
RXI INVESTME	NT GROUP LLC				
(Must co	ontain the words "Limited Lia	bility Company.	"L.L.C" or "LLC.")		
ARTICLE II - Address: The mailing address and stree	t address of the principal offic	e of the Limited	Liability Company is:		
Principal Office	Principal Office Address:		Mailing Address:		
485 BRICKELL AVENUE, UNIT 3503 MIAMI, FL 33131		485	485 BRICKELL AVENUE, UNIT 3503		
		MIA	MIAMI, FL 33131		
another business entity with a					
		ame			
	1000 N HIATUS ROA	D, SUITE 103			
	Florida street address (P		cceptable)		
	PEMBROKE PINES	FL	33026		
	City	State	Zip		
lace designated in this certificanther agree to comply with the	ite. I hereby accept the appoint provisions of all statutes relat.	ment as register ing to the proper egistered agent	e above stated limited liability company at the red agent and agree to act in this capacity. It and complete performance of my duties, and as provided for in Chapter 605, F.S.		
	<u> </u>	en R. Amster			
		d Agent's Signal	ture (REQUIRED)		

ARTICLE IV-

The name and address of each i	person authorized to manage	and control the L	imited Liability Company:

$"AMRR" = A_1$		Name and Address:	
	thorized Member		
"MGR" = Mar	ıager	DIMETRI II IODOLOUO	
MGR		DIMITRI ILIOPOLOUS	
		485 BRICKELL AVENUE, UNIT 3503	
		MIAMI, FL 33131	
MGR		NICHOLAS RUDOCHVILOW	
		485 BRICKELL AVENUE, UNIT 3503	
		MIAMI, FL 33131	
		WIIAWII, FL 33131	
			-
			•
			•
		<u></u>	•
			•
(Use attachmer	nt if necessary)		
If an effective date is li he date of filing.) <u>Note:</u> If the date inserte	sted, the date must be specific	and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not te's records.	·
RTICLE VI: Other pro	ovisions, if any.		
			
		(5)	<u>.</u>
			<i>p</i>
REOUIRED S			<u>a</u>
REOUIRED S	SIGNATURE: Steven R. 1		
REOUIRED S	Steven R.,	= : \	
REOUIRED S	Signature of a member	or an authorized representative of a members	
REOUIRED S	Signature of a member This document is executed in	or an authorized representative of a member 2 = 3 accordance with section 605.0203 (1) (b), Florida Statutes.	
REOUIRED S	Signature of a member This document is executed in 1 am aware that any false infor	or an authorized representative of a member 2 = 3 accordance with section 605.0203 (1) (b), Florida Statutes; mation submitted in a document to the Department of State	
REOUIRED S	Signature of a member This document is executed in 1 am aware that any false infor	or an authorized representative of a member 2 = 3 accordance with section 605.0203 (1) (b), Florida Statutes.	
REOUIRED S	Signature of a member This document is executed in 1 am aware that any false infor constitutes a third degree felor	or an authorized representative of a member 2 = 3 accordance with section 605.0203 (1) (b), Florida Statutes; mation submitted in a document to the Department of State	

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) CSC FIN-44498