

L24000247078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

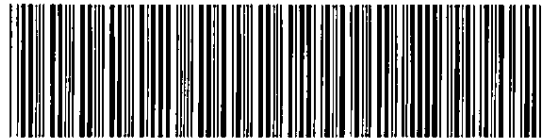
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/18/24--01031--012 \*\*130.00

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APR 22 PM 2:00  
CLERK OF STATE

APR 19 PM 2:00  
CLERK OF STATE

LSH  
6/15/24

**COVER LETTER**

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

**SUBJECT:** RG3 Embroidery & Logistics 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:

Rudolph Givens III

Name of Person

RG3 Embroidery & Logistics LLC

Firm/Company

25856 SW 124TH PLACE

Address

Homestead, Florida 33032

City/State and Zip Code

Rudy3@bellsouth.net

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

For further information concerning this matter, please call:

Rudolph Givens III      786      271-4999  
Name of Person      at (      )      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

FILED  
APR 19 PM 3:21  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RG3 Embroidery & Logistics 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:

25856 SW 124TH PLACE  
Homestead, Florida 33032

Mailing Address:

25856 SW 124TH PLACE  
Homestead, Florida 33032

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:

Rudolph Givens III

Name

25856 SW 124TH PLACE

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

Homestead

Florida

33032

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.*

Rudolph Givens III

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:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

Authorized Member

Rudolph Givens III  
25856 SW 124TH PLACE  
Homestead, Florida 33032

Manager

Rudolph Givens IV  
25856 SW 124TH PLACE  
Homestead, Florida 33032

Manager

Rodney Givens  
25856 SW 124TH PLACE  
Homestead, Florida 33032

(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:**

Rudolph Givens III

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.

Rudolph Givens III

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)

FILED  
APR 18 PM 1:00  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE, FLORIDA