

L240000 259668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

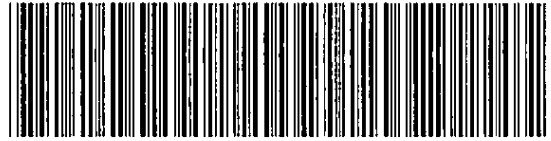
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500429161845

FILED
2024 JUN -6 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL
66/86/24--01001

RECEIVED
2024 JUN -6 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
... 6th

W240000 87972

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY RO LLC	FOR OFFICE USE ONLY

PICK ONE:

____ CERTIFIED COPY XX PHOTOCOPY ____ C.U.S.

FILING:

____ CORPORATION XX LLC ____ LIMITED PARTNERSHIP ____ GENERAL PARTNERSHIP
____ FICTITIOUS NAME ____ SERVICE MARK/TRADEMARK ____ AMENDMENT
____ FOREIGN QUALIFICATION ____ JUDGMENT LIEN
____ OTHER _____

RETRIEVAL:

____ GOOD STANDING CERT/C.U.S. ____ CERTIFIED COPY ____ PHOTOCOPY
Of _____

APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 6/6/24 TIME _____

Notes: _____

2024 JUN -6 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

June 7, 2024

Via Email

Secretary of State
Division of Corporations

Re: RO LLC, a Florida limited liability company

To whom this may concern:

Please accept this letter as confirmation to file the Articles of Organization of RO LLC, a Florida limited liability company even though the name is similar to another entity.

Very truly yours,

/s/ Rami Zvida

Rami Zvida

FILED
2024 JUN -6 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RO LLC, A FLORIDA LIMITED LIABILITY COMPANY

(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:

4720 OAKES ROAD, SUITE D
DAVIE, FL 33314

Mailing Address:

4720 OAKES ROAD, SUITE D
DAVIE, FL 33314

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:

RAMI ZVIDA

Name

4720 OAKES ROAD, SUITE D

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

DAVIE

FL

33314

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.

/s/ Rami Zvida

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 JUN -6 AM 9:47
CLERK OF STATE
TALLAHASSEE, FL

FILED

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:

MGR

RAMI ZVIDA

4720 OAKES ROAD, SUITE D

DAVIE, FL 33314

(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:

/s/ Rami Zvida

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.

RAMI ZVIDA

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)

STATE
ALLAHAS
STATE
FL

2024 JUN -6 AM 9:47

FILED