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# **COVER LETTER**

	ew Filing Sec vision of Cor			
SUBJECT	R house En	terprises		
SUBJECT		Name of Limi	ted Liability Company	<del></del>
The enclose	ed Articles of	Organization and fee(s) are	submitted for filing.	
Please retur	n all correspo	ndence concerning this mat	ter to the following:	
	Keyl	a E. Rive	Name of Person	
		R House	Enterprises Firm/Company	LLC
	26	55 Cnow	Address	
-	Kis rhou	seenterpri	FC 3474 y/State and Zip Code SES @ gmail or future annual report notificati	·com
1 ·				on)
hor hirther in	iformation cor	ncerning this matter, please	call:	
-	Keyla Name	E. <u>Lavera</u> at ( <u>L</u> e of Person Are	(O) 7-15-8 ca Code Daytime Telephone	O I O e Number
Enclosed is	a check for th	e following amount:		
<b>ES</b> 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)
	Mailin	g Address	Street Address	

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:	
R house Enterprises 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	te Limited Liability Company is:
Principal Office Address:	Mailing Address:
7901 41h St. N # 21347	7901 4th St. N #21347

ARTICLE HI - 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:

	Name		
7901 4th St N		STE 300	
Florida street addres	is (P.O. Box 🔀	OT acceptable)	
St. Petersburg	FL	33702	
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 06/01/2024. (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, 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.

Filing Fees:

Ma E. Rivera

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)