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	City/State/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
(	Business Entity Name)	
(	Document Number)	
Certified Copies	. Certificates of	Status
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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/03/2024

NAME: 612 ADVISORY LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
, ,	
612 Advisory LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
·	
ARTICLE II - Address:	
The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15303 Ventura Blvd., Suite #605	15303 Ventura Blvd., Suite #605
Sherman Oaks, CA 91403	Sherman Oaks, CA 91403
<u></u>	
<del></del> :	
ADTICUE III Degistered Agent Degistered Office & Dec	aistoral Agent's Signatura

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:

Cristina Peraza		
	Name	
1395 Brickell Ave	., Suite #800	
Florida street add	ress (P.O. Box <u>NOT</u> ac	cceptable)
Miani	FL	33137
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)

### 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 = Manager  MGR	Ruya Investment Holdings LLC 611 South DuPont Highway Suite 102 Dover, Delaware 19901
	2024 007 -3
(If an effective date is listed, the date must be the date of filing.)	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	TCP
This document is exc I am aware that any fi	member or an authorized representative of a member. Ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

#### Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Cristina Peraza