

L24000453400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

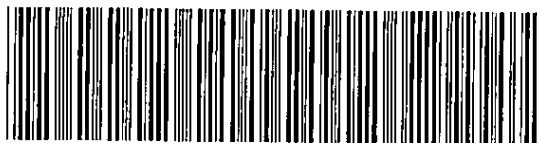
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 OCT 24 PM 3:47

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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10-10-24 15:105



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Ben Bolen
Ext:
Date: 10/24/24
Order #: 1661530-1
Re: RRSCG, LLC
Processing Method: Routine

[Handwritten signature]
2024 OCT 26 PM 5:47
Filing

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125 - FL State Account Number:
120000000195

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

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

SUBJECT: RRSCG, 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:

Caroline Lascek
Name of Person

K&L Gates LLP
Firm/Company

210 Sixth Avenue
Address

Pittsburgh PA 15222
City/State and Zip Code

caroline.lascek@klgates.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Roy Samuel 305 491-1233
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RRSCG, 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:

Mailing Address:

4550 N. Michigan Avenue
Miami Beach, Florida 33140

4550 N. Michigan Avenue
Miami Beach, Florida 33140

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:

Roy Samuel

Name

4550 N. Michigan Avenue

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

Miami Beach

FL

33140

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.

By

[Signature]
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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR/AMBR

Roy Samuel

4550 N. Michigan Avenue, Miami Beach, Florida 33140

AMBR

Roy Samuel

2020 N. Bayshore Dr. Apt 3005 Miami, Florida 33137

SEE ATTACHED for Additional Members

(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:



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.

Roy Samuel - Manager and Member

Typed or printed name of signer

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)

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FILED

ATTACHMENT for Article IV – The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
<u>AMBR</u>	<u>Trust f/b/o Sarina Samuel ua Avi Samuels Revocable Trust, as amended</u> <u>4550 N. Michigan Avenue, Miami Beach, Florida 33140</u> <u>_____</u>
<u>AMBR</u>	<u>Trust f/b/o Caled Samuel ua Avi Samuels Revocable Trust, as amended</u> <u>4550 N. Michigan Avenue, Miami Beach, Florida 33140</u> <u>_____</u>
<u>AMBR</u>	<u>Trust f/b/o Giselle Samuel ua Avi Samuels Revocable Trust, as amended</u> <u>4550 N. Michigan Avenue, Miami Beach, Florida 33140</u> <u>_____</u>

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