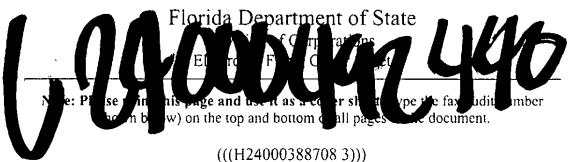
11/22/24, 12:49 PM

Division of Corporations





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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALEX PINA CO. Account Number : I20190000095 : (305)803-8471

Fax Number : (305)602-3977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

client@alexpina.co Email Address:_

FLORIDA LIMITED LIABILITY CO.

R&L Society LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R&L SOCIETY 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:	<u>Mailing Address:</u>
140 S DIXIE HWY APT 1007	140 S DIXIE HWY APT 1007
HOLLYWOOD, FL 33020	HOLLYWOOD, FE 33020

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:

ALEX PINA CO.		
	Name	
8400 NW 36TH ST	STE 450	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	rceptable)
DORAL	FL	33166
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..

Apr.	
Registered Agent's Signature (REQUIRED)	_

(CONTINUED)

Title: "AMBR" = Authorize "MGR" = Manager	Name and Address: d Member
MGR	RUBEN BURGOS RUBIO 140 \$ DIXIE HWY APT 1007 HOLLYWOOD, FL 33020
MGR	VALFLAL CORP 140 S DIXIE HWY APT 1007 HOLLYWOOD, FL 33020
(Use attachment if nec	
CLE V: Effective date, if effective date is listed, the te of filing.) If the date inserted in the	essary) other than the date of filing:
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CLE V: Effective date, if effective date is listed, th te of filing.) If the date inserted in th ocument's effective date of CLE VI: Other provisions REQUIRED SIGNA This of I am a	other than the date of filing:

From: Yanet Avila

FAX COVER SHEET

TO		
COMPANY		
FAX NUMBER	18506176381	
FROM	Yanet Avila	
DATE	2024-11-22 18:07:39 GMT	
RE	MACEDO & FREITAS SERVICE LLC	

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