

L25000456431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

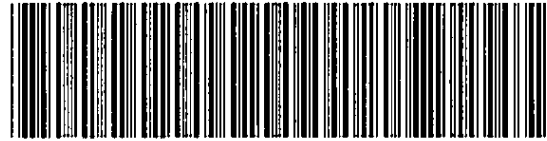
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/05/25 10:01:30 11/25/25

RECEIVED

2025 OCT -7 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2025 OCT -7 PM 6:01

TALLAHASSEE COURIER SERVICES LLC

TALLAHASSEECOURIER@GMAIL.COM

COVER LETTER

Brandon Long, (850) 491-9625

FL LLC

FILING FEE

\$125.00 (check attached)

Business Name:

RFC1, LLC

Document Number:

(New filing)

FILED
2025 OCT -7 PM 6:00

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2025 OCT -7 PM 6:00

COVER LETTER

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

SUBJECT: RFC1, 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:

Aline Rodrigues
Name of Person

Alibeck Accounting
Firm/Company

1757 Satinwood Street
Address

Bunnell, FL 32110
City/State and Zip Code

aliner@alibeckaccounting.com
E-mail address: (to be used for future annual report notification)

FILED
2025 OCT -7 PM 6:00

For further information concerning this matter, please call:

Aline Rodrigues 407 680-6893
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" 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:

RFC1, 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:

823 Creeping Fig Street

Apopka, FL 32703

823 Creeping Fig Street

Apopka, FL 32703

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:

Alibeck Accounting

Name

1757 Satinwood Street

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

Bunnell

FL

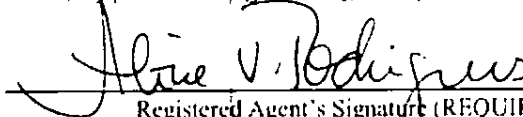
32110

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)

FILED
2005 OCT - 7 PM 5:00

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

Thiago Rodrigues
823 Creeping Fig Street
Apopka, FL 32703

(Use attachment if necessary)

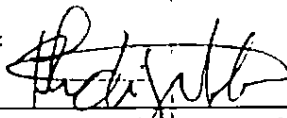
ARTICLE V: Effective date, if other than the date of filing: 10/07/2025 (OPTIONAL)

(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.

Thiago Rodrigues

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)

FILED
OCT 11 2025