L23000022988

	(Requestor's Na	ame)			
	(Address)				
	(Address)				
	(City/State/Zip/l	Phone #)	-		
PICK-U	P 🗍 WAI	Τ	MAIL		
	(Business Entit				
	(Document Nur	nber)			
d Copies	Certif	icates of S	Status		
al Instructions to Filing Officer:					

Office Use Only



500399480595

FILED 66
23 JAN 20 AM 4: 40\$
SECRE DARY OF JAN 50
TALLAMASSI E. ST GOSTO

ECRETANY OF STATE

RECEIVED

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: RT Construction and Services 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:
Ricardo Rivera Name of Person
RJR Construction and Services LLC Firm/Company
725 Brent Drive
City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Ricardo Riverant (850) \$274-2484 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee. Certificate of Status

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

R J R Cons (Must contain the w	ituction and St vords "Limited Liability Compar	ervices L.L.C. or "LLC.")	_
RTICLE II - Address: ic mailing address and street address of	the principal office of the Limi	ted Liability Company is:	
Principal Office		Mailing Address:	
725 Brent Tanchessee FC	Drive 3,305		_ _ _
other business entity with an active Flo ne name and the Florida street address o	serve as its own Registered Ager orida registration.) of the registered agent are:	nt. You must designate an individual or	
<u> 100</u>	cardo Riv		
	5 Brent Do	T acceptable)	
<u>72</u>	da street address (P.O. Box NO		
<u>72</u> Florid Tana	da street address (P.O. Box <u>NO</u>	Zip the above stated limited liability company	0 6

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	1 11 C	
Josh Harrison	AMDIK.	Frickland Road
	Craw Fordynie	/ 32326
Zachary Ingram	AMBR TONALSET FO	100-
Zachary Ingram Ricardo River	MER.	
-	TAHON-SE FL 31305	Orive
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date	of filing: (O	PTIONAL)
(If an effective date is listed, the date must be sp the date of filing.)		_¬
Note: If the date inserted in this block does not the document's effective date on the Department		
ARTICLE VI: Other provisions, if any.	AN 2	
REQUIRED SIGNATURE:	·	70 t
		
Signature of a me This document is execu	ember or an authorized representative of a metted in accordance with section 605.0203 (1) (b), I	mber. Florida Statutes.
I am aware that any fals	e information submitted in a document to the Dep e felony as provided for in s.817.155, F.S.	artment of State
_	· ^ ·	
vicera	Typed or printed name of signee	

b

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)