

7/19/24, 2:08 PM

Division of Corporations

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
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From:
 Account Name : FASTKIT CORP
 Account Number : 122100000029
 Phone : (305)599-0839
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**FLORIDA LIMITED LIABILITY CO.
 RL CAPITAL LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED
 2024 JUL 19 PM 2:58
 DIVISION OF CORPORATIONS
 SECRETARIAT
 TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RL CAPITAL 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:

3970 E 10 CT

HIALEAH

FL 33013

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:

OMAR ROMERO JR

Name

3970 E 10 CT

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

HIALEAH

FL

33013

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 695, F.S..

OMAR ROMERO JR

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

_____ OMAR ROMERO JR
_____ 3970 E 10 CT
_____ HIALEAH, FL 33013

_____ MGR

_____ BARBARA C ROMERO
_____ 3970 E 10 CT
_____ HIALEAH, FL 33013

ARTICLE V: PURPOSE

ANY AND ALL LAWFUL BUSINESS

REQUIRED SIGNATURE:

_____ OMAR ROMERO JR

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.

_____ Omar Romero Jr

Typed or printed name of signee