Division of Corporations Public Access System

# **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000185689 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover

Division of Corporations

Fax Number

: (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305) 634-3694

Fax Number

: (305)633-9696

# LIMITED LIABILITY COMPANY

# rocky investment, lic

The state of the s	
Certificate of Status	0
Certified Copy	. 1
Page Count	02
Estimated Charge	\$155.00





## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

## Rocky Investment, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

3640 Yacht Club Drive Apt. #205 Aventura, FL 33180

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

LEONARDO A. ROTH, ESO.

Name
18851 NE 29th Avenue Suite #900

Aventura, FL 33180

City, State, and 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 forms Chapter 608, F.S.

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

The Limited Liability Company is to be managed by the members and is, therefore, a member managed company.

The Managing Members are:

Carlos Zulisber Nilson

Signature of a member or an authorized representative of a member.

(In accordance with Section 608.408(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

404000185689

Carles Zulisber Nilson