Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

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

Email	Address	:		

FLORIDA LIMITED LIABILITY CO.

Streak Investments - Roanoke, LLC

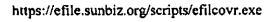
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N. CUMOS 5/15/2015



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>Streak investments - Roanoke, LLC</u> Name of L	mited Liability Company	
The er	nclosed Articles of Organization and (ee(s)	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Daniel DICIIIo		
	, A. C.	Name of Person	
		Firm/Company	
		Address	
	dbd@streakinvestments.com	City/State and Zip Code	
		ed for future annual report notifica	tion)
For fu	rther information concerning this matter, ple	, s	,
	Name of Person	Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
∐ \$ 125.0	30 Filing Fee \$\times \text{Certificate of Status}\$	☐\$155.00 Piling Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Pec, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle

ARI	ICLES OF ORGANIZATION FO	R FLORIDA LI	ALLUSD LIVERITY (COMPANY		
ARTICLE 1 - Name: The name of the Limite	d Liability Company is:					
Streak Investments - R						
(5)	Must end with the words "Limi	ted Liability Co	mpany, "L.L.C.," o	or "LLC.")		
ARTICLE II - Addres		.) . 65 C	landered to believe On	t_		
i ne melling address an	d street address of the principa	il ottice of me f	limited Liability Co	отралу із:		
Principal Office Addr	(3):	Mailing	Address:	•		
Arbor Park Offices		Arbor Pa	rk Offices			
6240 SOM Center Ros	d.#210	6240 SO	M Center Road, #2	10		
Solon Ohio 44139		.Solon, C	hio 44139			
another business entity	Company cannot serve as its on with an active Florida registrated as street address of the registed.	ition.)				五二二
		ration System			mo	O' M
	Na	ms				多り
	1200 South F	ine Island Roa	d			ထု
	Florida street address (P.O. I				蓋当	90
	Plantation	FL	33324			Ö
		ГЦ				
the place designate	City registered agent and to accept d in this certificate, I hereby ac gree to camply with the provisio	cept the appoint	ment as registered t	agent and agree to a	ct in this	
	un familiar with and accept the		ny position as regist			

C T Corporation System Registered Agent's Signature (REQUIRED) Kristin Bolden Assistant Secretary (CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Authorized Member	Streak Investments, LLC Arbor Park Offices, 6240 SOM Center Road, #210 Solon, Ohio 44139
	Solon, Onto 44139
Use attachment if necessary)	
filing.)	edite and connot be more than five business days prior to or 90 c
Signature of a mer (In accordance with section 60's constitutes an affirmation under	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State
Signature of a met (In accordance with section 60) constitutes an affirmation under 1 am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.

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