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Division of Corporations

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Fax Number

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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. ROCKETT INVESTMENTS, LLC

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COVER LETTER

то;	Registration of	a Section Corporations		
SUBJI	CT: <u>ROCK</u>	ETT INVESTMENTS. LLC Name of Li	mited Liability Company	
		of Organization and fee(s) a	-	
Please	return all corre	espondence concerning this in	natter to the following:	
	ROARK	R. MONAHAN		
			Name of Person	
	MONAH	AN MIJARES CPA, PA		
	MOMENT	ON WACKER ALTOTA	Firm/Company	
	75 Valer	ncia Avenue Ste 703		
			Address	
	Coral Ga	ables, Fl 33134	City/State and Zip Code	
<u>.el</u> i	smor castillo		d for future annual report notifica	ition)
		in concerning this matter, ple		
ROAR	KR MONAL Nat	AAN at (305) 407-14-40 Area Code Daytime Te	lephone Number
Enclose	d is a check fo	or the following amount:		
2 \$ 125.0	0 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		iling Address istration Section	Street/Courier Add Registration Section	ress

Division of Corporations P.O. Box 6327-Tallahassee, FL 32314.

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FI	ORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
ROCKETT INVESTMENTS, LLC. (Must end with the words "Limited I	_iability Company, "L.L.C.," or "L.L.C.")
ARTICLE H - Address: The mailing address and street address of the principal of	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
75 Valencia Avenue, St 703 Coral Gables, FL 33134	75 Valencia Avenue, St 703 Coral Gables, FL 33134
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	r. Registered Agent's Signature: Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are.
ROARK R. MONAHAN Name	
75 Valencia Avenue, Ste 703, Florida street address (P.O. Box.	
Coral Gables	FL 33134
the place designated in this certificate, I hereby accept	Zip live of process for the above stated limited liability compan the appointment as registered agent and agree to act in thi
of my duties, and I am familiar with and accept the abli	fall statutes relating to the proper and complete performa eations of my position as registered agent as provided for i \ 605, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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	CTICLE IV- e name and address of	each person author	ized to manage and control the Limit	ed Liability Comp	oany:	· · · · · · · · · · · · · · · · · · ·
Tit			Name and Address:			
	IGR" ≃ Manager	i cii iliroi				į.
	MGR/MGR		Alcira Hernandez de Espino			į.
			75 Valencia Avenue, St 703			<u>.</u>
			Coral Gables. FL 33134			·
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