Requester's Name  2250 North Road  Address  Name  Ocity/State/Zip Phone #	)002674 50003633005-3 -02/28/01-01104-801 *****25.00 ******25.08
TO THE OWNER OF THE OWNER	Office Use Only
1. Rock CREK WUESTMENT (Corporation Name)	
2. (Corporation Name)	(Document #)
2	W-1-2907
3(Corporation Name)	(Document #)
4(Corporation Name)  Walk in Pick up time	(Document #)  Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Directors Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign Limited Partnership

Reinstatement Trademark Other

**Examiner's Initials** 

CR2E031(7/97)

3/



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 7, 2001

H. SHARMA 2250 NORTH ROAD NAPLES, FL 34104

SUBJECT: ROCK CREEK INVESTMENTS LLC

Ref. Number: W01000002907

We have received your document for ROCK CREEK INVESTMENTS LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit the \$25 registered agent designation fee. Also, a member or authorized representative of a member must sign the line at the bottom of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 601A00007425

SECKETANY OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANIA

ARTICLE I - Name: The name of the Limited Linkilles Co.
The name of the Limited Liability Company is:  NOCK CREEK TNVESTMENTS LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
PO BOX 8164, NAPLES, FLORIDA 34/01
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
H. SHARMA
2250 NORTH ROAD
H. SHARMA  2250 NORTH ROAD  Florida street address (P.O. Box NOT acceptable)  VAPLES FL  City, State, and Zip
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 use 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 608, F.S  Registered Agent's Signature  Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)  Signature of a member of a member.  (In accordance with section 608.408(3), 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
Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)