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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE POWERS ROTH GROUP, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN A. POWERS, JR.

(Name of Person)

THE POWERS ROTH GROUP, L.L.C.

(Firm/Company)

962 NW 92ND TERRACE

(Address)

PLANTATION, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

MELVIN H. ROTH

(Name of Person)

at (954) 479-4909

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE POWERS ROTH GROUP, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

962 NW 92ND TERRACE

PLANTATION, FLORIDA 33324

Mailing Address:

962 NW 92ND TERRACE

PLANTATION, FLORIDA 33324

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

MELVIN H. ROTH

Name

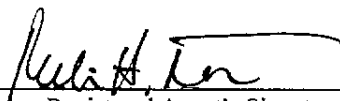
962 NW 92ND TERRACE

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

PLANTATION FLORIDA 33324

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 for in Chapter 608, Florida Statutes..



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

The name and address of each Manager or Managing Member is as follows:

Name and Address:

"MGRM" = Managing Member

MELVIN H. ROTH

PLANTATION, FLORIDA 33324

JOHN A. POWERS, JR.

PLANTATION, FLORIDA 33324

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DIVISION OF RECORDS

REQUIRED SIGNATURE:

John A. Power, Jr.

(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.)

JOHN A. POWERS, JR.

Typed or printed name of signee

\$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)