## L04000078668

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. J.		

Office Use Only



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\ CORPORATE \( \alpha \)	30 3		
\ ACCESS, \	236 East 6th Avenue . Tallahassee, Florida 32303		
* INC. P.	P.O. Box 17066 (12315-7066) - (850) 222-2666 or (800) 969-1666 . Fire (850) 222 1666		
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(CORUORATE NAME & DOCUME	NI #)		
SPECIAL INSTRUCTIONS			
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ARTICLE I - Name:	
The name of the Limited Liability Co	ompany is:
ROWA INVESTMENT GROUP LLC.	ompany is:
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1531 S. Tamiami Trail #703	1531 S. Tamiami Trail #703
Venice, Florida 34285	Venice, Florida 34285
The name and the Florida street addr	ess of the registered agent are:
Rod Khleif	
Rod Khleif	Name
Rod Khleif 1531 S. Tamiami T	Name
Rod Khleif 1531 S. Tamiami T	Name  rail #703  ida street address (P.O. Box <u>NOT</u> acceptable)
Rod Khleif  1531 S. Tamiami T	Name  rail #703  ida street address (P.O. Box <u>NOT</u> acceptable)
Rod Khleif  1531 S. Tamiami T Flor Venice, Florida 342  Having been named as registered ag liability company at the place desiregistered agent and agree to act in t statutes relating to the proper and of	Name  Trail #703  ida street address (P.O. Box <u>NOT</u> acceptable)  285  FL
Rod Khleif  1531 S. Tamiami T Flor  Venice, Florida 342  Having been named as registered ag liability company at the place dest registered agent and agree to act in t statutes relating to the proper and c accept the obligations of my posit	Name  Trail #703  ida street address (P.O. Box NOT acceptable)  285  FL  City, State, and Zip  ent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manage "MGRM" = Mana		Name and Address:			
MGRM		Rod Khleif			
	· · ·	1531 S. Tamiami Trail #703			
		Venice, Florida 34285			
	_				
(Use attachment is	f necessary)				
NOTE: An additional article must be added if an effective date is requested.					
REQUIRED SIGNATURE:					
	M				
	Signature of a member or an authorized representative 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.)				
	Rod Khleif				
	Typed or printed name of signee				
Filing Fees:		<del></del>			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)