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(Re	equestor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY STALLAHASSEE, FL

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TRANSMITTAL LETTER

Registration S Division of C						
SUBJECT: Rockled	lge Investments, LLC		·	_		
	(Name of Limited	d Liability Company)				
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.				
Please return all corres	pondence concerning this matte	er to the following:				
Magda	A Granda	Name of Person)				
	(I	value of Terson)				
	(Firm/Company)				
24 NE 46tl	n Street		_	SE	200	
		(Address)		CRE) LAH/	JAN	-17
Mia	mi, FL 33137			Aik / SSEE	2004 JAN 14 PH 1:47	FILED
 	(City)	(State and Zip Code)		2	3	
For further information	n concerning this matter, please	call:		FLORIDA	1: 47	
Magda A Granda		at (305 ^) 573-7535		_		
(Nan	ne of Person)	(Area Code & Daytime Te	elephone Number)			
Enclosed is a check	for the following amount:					
2 \$125.00 Filing Fee	e S \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Certificate of Sta Certified Copy (additional copy is et	tus &		

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MICEES OF ONGAMEATION FOR	C FLORIDA LIVILLED LIABILITY CONTANY	
ARTICLE I - Name: The name of the Limited Liability Compan	y is:	
Rockledge Investments, LLC		
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
24 NE 46th Street	24 NE 46th Street	
Miami, FL 33137	Miamí, FL 33137	
24 NE 46th Street	the registered agent are: Name et address (P.O. Box NOT acceptable)	
Miami	FI. 33137	
	tate, and Zip	
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 660 K.S	

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

ICD.	Magda A Granda
MGR	24 NE 46th Street
	Miami, FL 33137
/IGR	Ivette A Ensenat
	2428 Oak Park Way
	Orlando, FL 32822
	
Use attachment if necessary)	
OTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	

(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.)

Magda A Granda

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)