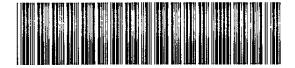
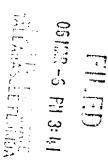
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(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL.
(Bu	ısiness Entity Naı	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to		LC
	Office Use Or	nlv



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03/06/06--01055--025 **160.00



M. HODGE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ROVING MULTIMEDIA (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 Van Dellen (Name of Person)
BOUING MUITIMEDIA
3445 Shayna Oak Drive (Address)
Scutt Son ville, F/ 322 >> (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Tohn Van Dellen at 904 535-2264. (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Roy///G MULT / Must end with the words "Limited Liability Company, "Limited	MEDIA 222 d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
John Van Nellen	Same
3445 shound oak brive Socksonville, Fl 32277	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are: Ξ_{\odot} 0
- 30hr 1/on 1	sellen Es S
Name	300 5
3445 Shauna Florida street addi	ress (P.O. Box NOT acceptable)
Sicksonville, City, State, at	FL 32277 Signal 20
liability company at the place designated in th	accept service of process for the above stated limited as certificate, I hereby accept the appointment as I further agree to comply with the provisions of all

egistered 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Tidle.	Name and Address
<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	er
	_
MGRM	Deremy Scully
	528 /S Gertruda
	Redando Beach, CA 90
MGRM	John Van Dellen
, 0 /3 / 1	3445 Shay Da Oak Di
	Jacksonville, Fl 32217
M C D M	
11/6 K 111	Soft Veltkamp
	100 St 30 119 5118
	Kentinged, MI 49348
(I ica attachment if nacessem)	
(Use attachment if necessary)	
	han the date of filing:
LE V: Effective date, if other the	han the date of filing: (OPTION must be specific and cannot be more than five business d
(Use attachment if necessary) LE V: Effective date, if other the date is listed, the date is days after the date of filing.)	
LE V: Effective date, if other the date is	
LE V: Effective date, if other the factive date is listed, the date days after the date of filing.)	
LE V: Effective date, if other the factive date is listed, the date days after the date of filing.)	
LE V: Effective date, if other the factive date is listed, the date days after the date of filing.)	
LE V: Effective date, if other the factive date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business d
LE V: Effective date, if other the factive date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other the factive date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance)	must be specific and cannot be more than five business demonstrated representative of a member. with section 608.408(3), Florida Statutes, the execution
LE V: Effective date, if other the factive date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume	must be specific and cannot be more than five business demonstrative of a member. The with section 608.408(3), Florida Statutes, the execution sent constitutes an affirmation under the penalties of perjury
LE V: Effective date, if other the factive date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume	must be specific and cannot be more than five business demonstrated representative of a member. with section 608.408(3), Florida Statutes, the execution

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)