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COVER LETTER

TO:	Registration Solution Of Co		****				
SUBJI	ECT:	ROI	NC LLC				
		(Name of Limite	d Liability Comp	any)			_
The en	closed Articles o	of Organization and fee(s) are s	ubmitted for filin	g.			
Please	return all corresp	condence concerning this matte	er to the following	g:			
			NDO VAL	DES			:
		(7	Name of Person)				
		FERNANDO	EVALDES	S, PA	. =	**	
		(Firm/Company)				
		10705 NW 33R	D STREE	T SUITE	100	;	
			(Address)		Ž.	2 26	
		MIAMI, FI	ORIDA 3	3172	LAH	ZECRE	1
		(City)	State and Zip Code	e)	355	. —	
For fur	ther information	concerning this matter, please	call:				
FERI	NANDO VAI	LDES	at (305	463-983	1 Rick	3. 1.5	
	(Name	e of Person)		e & Daytime Te	elephone Nur		_
Enclos	sed is a check for	or the following amount:					
□\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 F Certified Cop (additional copy	у	\$160. Certifica Certified (additional	te of Sta d Copy	tus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation duilding ecutive Center see, FL 32301	15		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	RONC LLC
(Must end with the words "Limited Liabil	ity Company, "Limited Company" or their abbreviation "LLC," or "L.C")
ARTICLE II - Address:	
	address of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
11337 NW 73RD TERRACE	11337 NW 73RD TERRACE
DORAL ISLE, FL 33178	DORAL ISLE, FL 33178
	address of the registered agent are:
	addraga of the reciptored agant area
	addraga of the reciptored agant area
The name and the Florida street	RAFAEL R. PALACIOS Name TALL SECRETARY Name TALL SECRETARY Name
The name and the Florida street	RAFAEL R. PALACIOS Name TALL SECRETARY Name TALL SECRETARY Name
The name and the Florida street	RAFAEL R. PALACIOS Name TALL SECRETARY Name TALL SECRETARY Name
The name and the Florida street	RAFAEL R. PALACIOS Name 1337 NW 73RD TERRACE Florida street address (P.O. Box NOT acceptable)
The name and the Florida street	RAFAEL R. PALACIOS Name 1337 NW 73RD TERRACE Florida street address (P.O. Box NOT acceptable) DORAL ISLE FL 33178 City, State, and Zip
The name and the Florida street Having been named as register	RAFAEL R. PALACIOS Name 11337 NW 73RD TERRACE Florida street address (P.O. Box NOT acceptable) DORAL ISLE FL 33178
Having been named as register liability company at the place registered agent and agree to a	RAFAEL R. PALACIOS Name 1337 NW 73RD TERRACE Florida street address (P.O. Box NOT acceptable) DORAL ISLE FL 33178 City, State, and Zip red agent and to accept service of process for the above stated limit the designated in this certificate, I hereby accept the appointment as ct in this capacity. I further agree to comply with the provisions of
Having been named as register liability company at the place registered agent and agree to a statutes relating to the proper	RAFAEL R. PALACIOS Name 1337 NW 73RD TERRACE Florida street address (P.O. Box NOT acceptable) ORAL ISLE City, State, and Zip Ted agent and to accept service of process for the above stated limit are designated in this certificate, I hereby accept the appointment as cet in this capacity. I further agree to comply with the provisions of and complete performance of my duties, and I am familiar with an
Having been named as register liability company at the place registered agent and agree to a statutes relating to the proper	RAFAEL R. PALACIOS Name 1337 NW 73RD TERRACE Florida street address (P.O. Box NOT acceptable) DORAL ISLE FL 33178 City, State, and Zip red agent and to accept service of process for the above stated limit the designated in this certificate, I hereby accept the appointment as ct in this capacity. I further agree to comply with the provisions of

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

Title:		Name and Address:		
"MGR" = Mana "MGRM" = Ma	nger Inaging Member			•
MGR		RAFAEL F. PALACIOS	****	er an en
		11337 NW 73RD TERRACE DORAL ISLE, FL 33178		<u> </u>
MGRM		DELIA S. DE PALACIOS 11337 NW 73RD TERRACE	- Z v =	••• <u>•</u> ••
		DORAL ISLE, FL 33178		- - 194
			P	- 6 [
MGRM	v tak	NESTOR R. PALACIOS	. S	
		11337 NW 73RD TERRACE	<u> </u>	Ш
		DORAL ISLE, FL 33178	- 53	O
MGRM		MILENE J. PALACIOS		
		11337 NW 73RD TERRACE		.
		DORAL ISLE, FL 33178		. As comment
n effective date is li 90 days after the o	date of filing.)	e of filing: ecific and cannot be more th	(OPTIO an five business o	•
REQUIRED S	IGNATURE:			
	<u>X</u> / _ ^			Jan Angeleg and Alle
	Signature of a member or	an authorized representative of	a member.	
	(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the e es an affirmation under the penalties in are true.)	execution s of perjury	
	RAF	FAEL F. PALACIOS		
	Typed	or printed name of signee		
Filing Fed	es:	_		

ATTACHMENT TO ARTICLES OF ORGANIZATION

ARTICLE IV:

TITLE NAME and ADDRESS:

MGRM CARLOS CRUZ

CARLOS CRUZ 1337 NW 73RD TERRACE DORAL ISLE, FL 33178

MGRM MANULENI PALACIOS

MANULENI PALACIOS 1337 NW 73RD TERRACE DORAL ISLE, FL 33178

MGRM OTTO ARMAS

OTTO ARMAS 1337 NW 73RD TERRACE DORAL ISLE, FL 33178