BOX

L06000/16743

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



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12/06/06--01015--033 **160.00

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TO:	Registration Se Division of Co		,			
SUBJI	ECT: Roili II	nvestments LLC (Name of Limited	d Liability Comp	any)		
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filin	g.		
Please	return all corresp	ondence concerning this matte	r to the following	g:		
	Ronald A	lbrecht				
		0	Name of Person)			
	(Firm/Company)					
	1486 Sa	ndpiper Circle				
			(Address)			
	Weston,	FI 33327				
		(City	State and Zip Cod	e)		
For fu	ther information	concerning this matter, please	call:			
Don	ald Albraci	hŧ	954	, 588070	na	
KUH	Ronald Albrecht (Name of Person)		at (954 (Area Coo	<i>!</i>	elephone Number)	
Enclo	sed is a check fo	or the following amount:				
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	-	✓ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Ex	ourier Addression Section of Corporation Building	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Roili Investments LLC							
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")							
ARTICLE II - Address:							
The mailing address and street address of	the principal office of the Limited Liability Compa	ny is:					
Principal Office Address:	Mailing Address:						
1486 Sandpiper Circle	Same						
Weston, FI 33327							
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address o		T					
Albrecht, Ronald E Name							
Name							
7809 W. COMMERCIAL BLVD							
Florida street address (P.O. Box NOT acceptable)							
TAMARAC	RCIAL BLVD reet address (P.O. Box NOT acceptable) FL 33351						
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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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" = Manag "MGRM" = Man		
MGR	Ronald Albrecht	
	1486 Sandpiper Circle	
	Weston, FL 33327	
MGRM	Liliana Albrecht	
	1486 Sandpiper Circle	
	Weston, FI 33327	
	, super	
		
		
(Use attachment i	f necessary)	
ARTICLE V. Effective d	late, if other than the date of filing:	(OPTIONAL)
	ed, the date must be specific and cannot be me	
to or 90 days after the da		E
		TSE 6
REQUIRED SIG	NATURE:	DEC
<u> </u>		FIL BASS
	Leas 015	SSEE, P
	ive of a member.	
	s, the execution ORDA 36 malties of perjury	
	that the facts stated herein are true.)	
	Typed or printed name of signee	
	1) has at betters riming at pretion	

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)