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Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : FOLEY & LARDNER Account Number : 072720000061

Phone : (904)359-2000

Fax Number

: (904)359-8700

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ROCKETT DISTRIBUTIONS, LLC

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Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is; ROCKETT DISTRIBUTIONS, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are: 1506 Prudential Drive, Jacksonville, Florida 32207.

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature;

The name and the Florida street address of the registered agent are:

Lawrence J. Najem

Name

1506 Prudential Drive

Florida street address (P.O. Box NOT acceptable)

Jacksonville, Florida 32207

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 completed 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.

Lawrence V. Najeur

(An additional article must be added if an effective date is requested)

Signature of a member of an authorized representative

(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.)

Lawrence J. Najem, Authorized Representative
Typed or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5.00 Certificate of Status (OPTIONAL)