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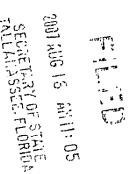
(Req	uestor's Name)	, , <u>, , , , , , , , , , , , , , , </u>
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COVER LETTER

TO: Registration Division of C		
SUBJECT: F	RODA Investments, Ltd.	. L. Co. (LLC)
	(Name of Limited	d Liability Company)
The enclosed Articles	of Organization and fee(s) are so	submitted for filing.
Please return all corre	spondence concerning this matte	er to the following:
	Dar	niella Ottone
	()	Name of Person)
	RODA Investr	ments, Ltd. L. Co. (LLC)
	((Firm/Company)
	4181 Southnoi	int Drive East, Suite 400
	1101 Coddipor	(Address)
		W 51 11 00040
	0.000	onville, Florida 32216
	(City	/State and Zip Code)
For further information	on concerning this matter, please	call: at (904) 434-1482
	-	Sylvan or this
Robert Dun		at (904) 434-1482
(Na	me of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check	for the following amount:	्रेंग ज
☐ \$125.00 Filing Fe		✓ \$155.00 Filing Fee & \$160.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee FI 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited	Liability Comp	pany is:	
RODA Investmer			,
(Must end with the words "Limi	ted Liability Company	y, "Limited Company" or their abbreviation	"LLC," or "L.C.,")
ARTICLE II - Address The mailing address and		of the principal office of the Limit	ed Liability Company is:
Principal Office Addre	ss:	Mailing Address:	
4181 Southpoint Drive East,	Suite 400	SAME	
Jacksonville, Florida 32216			
(The Limited Liability Company business entity with an active F	cannot serve as its o Florida registration.) a street address Jin	own Registered Office, & Registered Agown Registered Agent. You must designate at of the registered agent are: mmie P. Hicks Name Rock Rose Lane	
	Florida :	street address (P.O. Box NOT acceptable	
		ksonville, FL 32225	
	City	y, State, and Zip	
liability company at registered agent and ag statutes relating to the	the place designate to act in this proper and community of my position	t and to accept service of process for ated in this certificate, I hereby accepacity. I further agree to comply aplete performance of my duties, and as registered agent as provided for the control of t	cept the appointment as by with the provisions of all ad I am familiar with and

(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" = Mana "MGRM" = Ma			
MGR		Daniella Ottone	
		1167 Nochaway Drive	
-		St. Augustine, Florida 32092	
MGR		Robert Dunbar	
	·	8030 Loch Lomond Lane	
		Jacksonville Florida 32244	
		Hart Control of the C	
			
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(Use attachment	t if necessary)		2012
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LEV: Effective	e date, if other than the	date of filing: Same Day of Receipt	
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LE V: Effective	e date, if other than the		usiness days
LEV: Effective	e date, if other than the		usiness days
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LE V: Effective fective date is li days after the c	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a membe	r or an authorized representative of a member.	usiness days
LE V: Effective ffective date is li days after the c	e date, if other than the isted, the date must be late of filing.) IGNATURE: Signature of a membe (In accordance with second this document constituted that the facts stated here.)	r or an authorized representative of a member.	FLORIDA FLORIDA FILE 05

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)