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(Requestor's Name)	
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B. KOHR

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EXAMINER

COVER LETTER

	tration Section on of Corporations					
SUBJECT: _	ROGI		RACTING ed Liability Company)	GRO	UP: LLC	-
The enclosed A	articles of Organizatio	n and fee(s) are	submitted for filing.			
Please return al	ll correspondence con-	cerning this mate	er to the following:		•	
	Robei	to R	odrique	3	9	- 1
			CTING (Firm/Company)		'. LLO	FILED
22	2945 SW	113	<u>place</u>		FLORE	11:15
	Miami	,FL,	33170 y/State and Zip Code)			_
		(City	y/State and Zip Code)			
For further info	rmation concerning th	is matter, please	cail:			
Robert	0 1	•	at (<u>786</u>) 4	44- gaytime Telephor	5370 ne Number)	
Enclosed is a	check for the follow	ing amount:				
	g Fee \$130.00		\$155.00 Filing Fed Certified Copy (additional copy is en	Cenclosed) Ce	60.00 Filing Fee, ertificate of Status & ertified Copy	
	P.O. Box 6	n Section f Corporations	Street/Courier Registration Se Division of Co Clifton Buildir 2661 Executiv	ection orporations		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROGI CONTRACTING GROUP, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LL.C.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

22945 SW 113 place

		_ <u> </u>	Mami	, FL . =	33110	
The Limited Liability Co	egistered Agent, Reg					
business entity with an a	ctive Florida registration.)				400	
The name and the F	Florida street address	of the regist	tered agent a	re:	ALLA	<u>.</u>
	Koberto	Ko	drique	23_		O) FE
		Name		_	SS	7 1
•	22945 SV	v (13	place		元 第	至
	Florida s	treet address (PlO. Box <u>NOT</u>	acceptable)	ST.	
	MIGI	ni FL	, 331	10		, O ,
	City	, State, and Zi	p			

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 (REQU/RED)

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member MGR	Roberto Rodriquez 22945 SW 113 place Miami, FL, 33170			
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the class of the date is listed, the date must be o or 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior			
REQUIRED SIGNATURE:				

Signature of a member of an authorized representative of a member.

(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.)

Typed or printed name of signee

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)