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(Rec	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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SECRETARY OF STATE
TALLAHASSEF FI CATE

D. BRUCE

MAY 0 5 2009

**EXAMINER** 

# **COVER LETTER**

TO:	Registration Division of C								
SUBJE	ECT:	Re	ocketi	man Mu	ısic				
		Name of Limi	ted Liabi	lity Compa	iny				
The end	closed Articles	of Organization and fee(s) are	submitte	ed for filing	<b>3</b> .				
Please 1	return all corres	spondence concerning this mat	ter to the	e following	:				
		G		rt Moore	·				
			Name o	f Person					
-	<u> </u>	Ro		an Music	3				
			Firm/C	ompany					
		7110 H	lundre	d Acre D	rive				
•			Add	lress					
		Port S	St. Joh	n, FL 32	927				
•		Ci	ty/State a	nd Zip Code		·	A	09	
		jea	nette@	ocfl.rr.co	m		<del>S</del> CR	<u> </u>	
		E-mail address: (to be used		annual repo	rt notificatio	on)	TAF	7-	
For furt	ther information	n concerning this matter, pleas	e call:				SEE,	ىل. ئ	
	<b>J</b> . I	M. Ranow	at (	321	1	639-4917	FS	PH 2:	] [
	Name	e of Person	_ *** \		& Daytime	Telephone Numb	TATE	:: 18	
Enclos	ed is a check i	for the following amount:							
<b>]\$</b> 125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	5.00 Filing rtified Cop ditional copy	ру	) Certified	te of Stati	ıs &	
						(wooservite)	. 20pj 13 ett		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration of Clifton B	on Section of Corpora uilding cutive Cen ee, FL 323	tions ter Circle			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	' <b>is</b> :
Rocketman	
(Must end with the words "Limited L	iability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7110 Hundred Acre Drive Port St. John. FL 32927	7110 Hundred Acre Drive Port St. John, Ft. 32927
	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another
The name and the Florida street address of the	he registered agent are:  Ranow  ALCOR ARE A
J. M.	Ranow This T
Ne	ame SSR +
7110 Hund	red Acre Drive
Florida street address (	P.O. Box NOT acceptable)
Port St. John, FL 329	227 F. SS -
City, Stat	te, 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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
	G. Robert Moore MGR
	7110 Hundred Acre Drive
	Port St. John, Fl. 32927
	<u> </u>
44.44	LAS M
	ASS.
	SET -
	- PA
(Use attachment if necessary)	, D
	(OPTIONA)
CLE V: Effective date, if other than	n the date of filing: (OPTIONA ust be specific and cannot be more than five business days
CLE V: Effective date, if other than	n the date of filing: (OPTIONA ust be specific and cannot be more than five business days
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CLE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	ust be specific and cannot be more than five business day:
CLE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a more	ust be specific and cannot be more than five business days  —— ember or an authorized representative of a member.
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a man of this document	ust be specific and cannot be more than five business day:
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a must discordance with of this document that the facts state	ember or an authorized representative of a member.  ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)