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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

JUN 2 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of	Corporations		
SUBJECT:	ROC	CO RADAR LLC.	
	Name of Limite	d Liability Company	
The enclosed Article	s of Organization and fee(s) are s	ubmitted for filing.	
Please return all corre	espondence concerning this matte	r to the following:	
· · · · · · · · · · · · · · · · · · ·		uke J. Daly Name of Person	
	•	Number of Colonia	
***************************************		co Radar LLC Firm/Company	
		i ini/company	
	1322	Waltham Ave	
		Address	
		le, Florida 32809	* · * · · · · · · · · · · · · · · · · ·
	•	State and Zip Code	
**************************************	E-mail address: (to be used fo	dar.ljd@gmail.com r future annual report notification))
For further information	on concerning this matter, please	call:	
	uke J. Daly ne of Person	at (407) Area Code & Daytime To 156: 407 7	850-2418 elephone Number
Enclosed is a check	for the following amount:	•	
]\$125.00 Filing Fee	Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Rocco Ra	dar LLC.
(Must end with the words "Limited Li	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:
1322 Waltham Ave	1322 Waltham Ave
Belle Isle, Florida	Belle Isle, Florida
32809	32809
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ie registered agent are:
Luke	J. Dalv
Na	J. Daly me altham Ave P.O. Box NOT acceptable) TARFTARY P.O. Box NOT acceptable)
1322 Wa	
Florida street address (F	P.O. Box NOT acceptable) 109 FL 109 e, and Zip
Belle Isle, Florida 328	109 FL 55 7
City, State	e, and Zip 3
Having heen 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

FILED

ARTICLE IV- Manager(s) or Manager	ging Member(s):	2009 JUN - I	AM 11: 30
ARTICLE IV- Manager(s) or Manage The name and address of each Manage Title: "MGR" = Manager "MGRM" = Managing Member	er or Managing Member is as follo Name and Address:	SECRETARY TALLAHASSE	OF STATE E.FLORIDA
MGRM = Luke J. Daly	1322 Waltham Avenue Belle Isle, Florida 32809		
MGRM = Michael D. Levine	8201 S.W. 124th Street Miami, Florida 33156		
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.) REQUIRED SIGNATURE:			
(In accordance with secti	or an authorized representative of a maion 608.408(3), Florida Statutes, the executes an affirmation under the penalties of in are true.)	cution	
Filing Fees:	KC J. Dally ed or printed name of signee	· · · · · ·	
\$125.00 Filing Fee for Articles of Organi of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ization and Designation		