

# L09000059316

Florida Department of State  
Division of Corporations  
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(((H09000146244 3)))



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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

ROCNFREEZE, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. BRYAN

Electronic Filing Menu

Corporate Filing Menu

Help JUN 19 2009

EXAMINER

**H09000146244**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ROCNFREEZE, LLC.

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

5242 NW 197TH TERR  
OPA LOCKA, FL 33055

5242 NW 197TH TERR  
OPA LOCKA, FL 33055

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JASON ASHLEY GOMEZ

Name

5242 NW 197TH TERR

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

OPA LOCKA, FL 33055

City, State, and Zip

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*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..*

Jason Ashley Gomez  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

MGRM

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**Name and Address:**

JASON ASHLEY GOMEZ

5242 NW 197TH TER

OPA LOCKA, FL 33055

JOEL EMMANUEL ALLEN

5469 NW 189 ST

MIAMI, FL 33055

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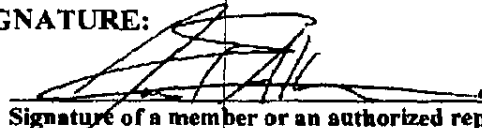
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**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or 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.)

JOEL EMMANUEL ALLEN

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)

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