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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATEN UNVISION OF CORPORATION

B. KOHR

NOV 1 3 2009

EXAMINER

COVER LETTER

TO:	Registration of	on Section Corporations		
SUBJE	ест: <u>К</u>	POAN 1510, LLC,		
	•	Name of Limited I	iability Company	
The en	closed Article	es of Organization and fee(s) are sub-	mitted for filing.	
Please	return all cor	respondence concerning this matter to	o the following:	
		ROD KRA	<i>05</i> &	
		Na	me of Person	
	•			
	•	Fir	m/Company	
		2011 NE 52	NO COURT	
•			Address	0 2.
		FORT I AUDISTON	LE, FZ 33308 ate and Zip Code	O9 NOV
•		City/St	ate and Zip Code	- 97 97
		ADMIN @ FUTUR, E-mail address: (to be used for fi	ALIGHTING. COM	12
_		E-mail address: (to be used for fi	ture annual report notification)	- P-
For fur	ther informati	on concerning this matter, please cal	1:	2H 10: 06
_1	Ra KOS	RAUSEat	(954) 295-30 Area Code & Daytime Telephone	140
Enclos	ed is a check	k for the following amount:		
\$125.	00 Filing Fe	e \$\int\\$130.00 \text{ Filing Fee & }\sum \text{Certificate of Status}	Certified Copy Cer (additional copy is enclosed) Cer	0.00 Filing Fee, tificate of Status & tified Copy titional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROAN 1510, LLC. (Must end with the words "Limited Liabil ARTICLE II - Address: The mailing address and street address of the pr	ity Company," "L.L.C.," or "LLC.") incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ANDREWS BUSINESS CENTER 1510 SW 137 COURT, UNIT 24 POMPANO BEACH, FC 33069	2011 NE 52 MP CT FT LAUD, FL 33308
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	tered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are: 9 NOV 12
RON KRAU	SE OV SET
Name	
2011 2 52 20	COURT Box NOT acceptable) 33308
Florida street address (P.O.	Box NOT acceptable)
FONT LAUGEN PALE City, State, a	FL 33308
City, State, a	nd Zip
liability company at the place designated in t registered agent and agree to act in this capacit	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of al

(CONTINUED)

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Page 1 of 2

ARTICLE	IV-	Mana	ager(s)	or	Managing	Mem	ber(s):
Part 1			^		-			

• • • • • • •

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

"MGRM" = Managing Member MGR MGR	ROD KRAUSE 2011 NE 52 D COURT FILAUSEUSAU, R 3330B ANG GLA MARTIN 277 N OCEAN BLUD #204 BOCA PATON, TL 33437
MGRM	ANGGLA MARTIN 277 N OCEAN BLUD # 204
MGRM	277 N OCEAN BLUD #204

(Use attachment if necessary)	of filing: (OPTIONA
	cific and cannot be more than five business day
days after the date of filing.) REQUIRED SIGNATURE:	
REQUIRED SIGNATURE.	
Signature of a member or a	an authorized representative of a member.
	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury re true.)
RON KRA	MICC

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)