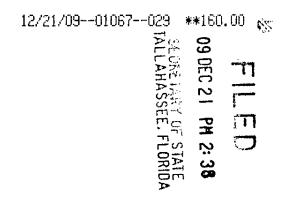
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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, COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Rome Ark Enterprise, LLC. Name of Limited Liability Company
SOLUE	Name of Limited Liability Company
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
_	Rasool Kamma Jr. Name of Person
	Name of Person
_	RomeArk Enterprise, LLC.
	Tutu Company
_	9712 Spottswood Rd.W.
	Address
_	Jacksonulle, FL 32208 City/State and Zip Code
	City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Name of Person at (904) 887.8770 Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125. 0	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
RomeArk Enter (Must end with the words "Limited Liabili	prise LLC
(Must end with the words "Limited Liabili	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9712 Spottswood Rd.W. Jacksonville, FL 32208	P.O. BOX 440306 Jacksonville, FL 32222
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
<u>Rasool Kamina</u>	TR. HASS
	Box NOT acceptable) FL 32208 FL 32208

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)

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>	Name and Address:
"MGR" = Manager	•
"MGRM" = Managing Men	nber
MGRM	RASON MAMMA
**************************************	RASODI KAMMA 9712 Spottswood Rd. W.
	Jacksonville, FL 32208
MGRM	Tescie M. Kamma
	Jessie M. Kamma 9712 Spottsward Rd. W- Tactsonville, FL 32208
	Tacksonville, fl 32208
MGR.	Classes Chatasan
<u> </u>	Chevyl Chatman 4804 Rechdale Rd. Jacksonville, FL 32209
	Jacksonville, FL 32209
(Use attachment if necessar	y)
	• /
LE V: Effective date, if other	er than the date of filing: (OPTIONAL)
LE V: Effective date, if other frective date is listed, the da	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days p
LE V: Effective date, if other of the date of filing	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days p s.)
LE V: Effective date, if other frective date is listed, the da	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days p g.) E:
LE V: Effective date, if other of the date of filing	er than the date of filing: te must be specific and cannot be more than five business days p g.) E:
LE V: Effective date, if other frective date is listed, the date of days after the date of filing EEQUIRED SIGNATURE	er than the date of filing: te must be specific and cannot be more than five business days p g.) E:
CLE V: Effective date, if other frective date is listed, the date days after the date of filing REQUIRED SIGNATURE Signature of	er than the date of filing:
CLE V: Effective date, if other ffective date is listed, the date days after the date of filing REQUIRED SIGNATURE Signature (In accorda of this doc	er than the date of filing: te must be specific and cannot be more than five business days process. E: Of a member or an authorized representative of a member. Ince with section 608.408(3), Florida Statutes, the execution under the penalties of perjury.
CLE V: Effective date, if other ffective date is listed, the date of days after the date of filing REQUIRED SIGNATURE Signature of this doc that the face	er than the date of filing: te must be specific and cannot be more than five business days process. E: Of a member or an authorized representative of a member. Ince with section 608.408(3), Florida Statutes, the execution under the penalties of perjury that stated herein are true.)
CLE V: Effective date, if other ffective date is listed, the date of days after the date of filing REQUIRED SIGNATURE Signature of this doc that the face	er than the date of filing:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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