

LD9000121266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500163780235

12/21/09--01067--029 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC 21 PM 2:38

FILED

N. O. ~~2009~~ DEC 22 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RomeArk Enterprise, LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rasool Kamma Jr.
Name of Person

RomeArk Enterprise, LLC.
Firm/Company

9712 Spottswood Rd. W.
Address

Jacksonville, FL 32208
City/State and Zip Code

rkamma@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rasool Kamma Jr at (904) 887-8770
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 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 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:

RomeArk Enterprise, 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:

9712 Spottswood Rd. W.
Jacksonville, FL 32208

Mailing Address:

P.O. Box 440306
Jacksonville, FL 32222

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:

Rasool Kamma Jr.

Name

9712 Spottswood Rd. W.

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

Jacksonville FL 32208

City, State, and Zip

FILED
09 DEC 21 PM 2:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

Baml Chang

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:

<u>MGRM</u>	<u>RASOOL KAMMA</u> <u>9712 Spottswood Rd. W.</u> <u>Jacksonville, FL 32208</u>
<u>MGRM</u>	<u>Jessie M. Kamma</u> <u>9712 Spottswood Rd. W.</u> <u>Jacksonville, FL 32208</u>
<u>MGR.</u>	<u>Cheryl Chatman</u> <u>4804 Rockdale Rd.</u> <u>Jacksonville, FL 32209</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(Use attachment if necessary)

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.)

RASOOL KAMMA RASOOL KAMMA
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)

FILED
09 DEC 21 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA