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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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B. KOHR

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EXAMINER

COVER LETTER

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TO:	Registration S Division of C			
CHDH	гст. Olde Re	ockledge Capital & Inve	stment, LLC	
SUBJ	ECT: <u></u>		ed Liability Company	
			*	N.
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	*
Please	return all corres	pondence concerning this mat	ter to the following:	
	J. M. Abbey			O PA
			Name of Person	R
				2
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	10 APR 12 PM 2: 43
				Ţ,
	6575 Birch St	reet	Address	
			Addless	,
	Cocoa, FL 32	927		
		Cit	y/State and Zip Code	
		E-mail address: (to be used to	for future annual report notification)	
For fu	ther information	concerning this matter, please	e call:	
1 64 4	Abboy		at (704) 438-5226	
J. M Abbey Name of Person		_ at (704 <u>) 438-5226</u> Area Code & Daytime Telep	hone Number	
Enclos	sed is a check for	or 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 Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FI	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	LORIDA LIMITED LIABILITY COMPANY LLC lity Company, "L.L.C.," or "LLC.")
Olde Rockledge Capital & Investments, (Must end with the words "Limited Liabi	LLC lity Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6575 Birch Street Cocoa, FL 32927	6575 Birch Street Cocoa, FL 32927
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
J. M. Abbey	
Name	
6575 Birch Street	(D.C. D. NOT
	dress (P.O. Box <u>NOT</u> acceptable)
Cocoa, FL 32927	FL ate, and Zip
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered.	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signal	ture (REQUIRED)

(CONTINUED)
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:

"NAC'D!! NA		Name and Address:	
"MGR" = Mar "MGRM" = M	ager anaging Member		
MGR		J. M. Abbey	
		6575 Birch Street	
		Cocoa FL 32927	
 			
			
		The second secon	
Use attachme	nt if necessary)		
•	• •		(OPTIO)
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LE V: Effective date is days after the	re date, if other than the delisted, the date must be sidate of filing.) SIGNATURE: Signature of a member of this document constitution.	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	usiness d
LE V: Effective date is days after the	re date, if other than the date date, the date must be side date of filing.) SIGNATURE: Signature of a member of the date of	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	usiness d

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)