Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100001403163)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

: (305)444-4994

Phone Fax Number

: (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. IROCC INVESTMENTS, LLC.

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

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	·
Trocc Investments (Must end with the words "Limited Liability")	ry 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:
1210 SW 141 Ave. Miami , FL. 33184	same
ARTICLE III - Registered Agent, Registered (The Limited Liebility Company cannot serve as its own Register business entity with an active Florida registretion.) The name and the Florida street address of the report of the results	and Agent. You must designate an individual or subther
City, State, an	ıd Zip

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 Signsture (REQUIRED)

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	ager or Managing Mamber is as follows: Name and Address:
MGRM	Daniel D. Diaz 1210 Sw 141 Ave Mami, FL. 33184
	
(Use attachment if necessary) TICLE V: Effective date, if other than the su effective date is listed, the date must be 190 days after the date of filing.)	e date of filing (OPTIONAL) se specific and cannot be more than five business days p
REQUIRED SIGNATURE:	er or an authorized representative of a member.
(In accordance with se	ection 608.408(3), Florida Statutes, the execution bitutes an affirmation under the papalties of perjury

Daniel D. Disz.
Typed or printed name of signee