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J. SAULSBERRY EXAMINER NOV 1 9 2010

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT: Ro	Ka Venture Name of Limited I	Siability Company			
The enclosed Articles of	Organization and fee(s) are sub-	mitted for filing.			
Please return all corresp	ondence concerning this matter t	o the following:			
Adr	ean Martine				
	Roka V	me of Person  Conture's 11  m/Company	<u> </u>	201	
	3622 NE	2nd Aug	CRETAR	ON OIGS	karate J. sa.
	Miam Pl	33137 ate and Zip Code	EC, FLA	7 AH 10: 00	, ,, ,,
	E-mail address: (to be used for fi	Pamail.com	87	00	
For further information of	concerning this matter, please cal	11:			
Adrean	Martine 2 at	(_305_)576 - Area Code & Daytime Tele			
Enclosed is a check fo	r the following amount:				
\$125.00 Filing Fce	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fe Certificate of State Certified Copy (additional copy is enc	ıs &	
	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 O Tallahassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Roka Venture's 11c (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:  3622 NE 2nd Ave Miami Fl 33137  Mailing Address:  3622 NE 2nd Ave Miami Fl 33137
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:  Adreen Machinez  Name  250 DE 25th 5th Aph 1510  Florida street address (P.O. Box NOT acceptable)  Miami FL 33137  City, State, and 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 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:
MGRM	Adreon Martinez 250 NE 25+nSt Apt 1510 Mani Fl 33137
	ZOIO NOV
	ASSEE, FLOR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: **Nov** 15 2010. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)