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(((H11000133043 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694 Fax Number

: (305)633-9696

Effective Date 05/16/1/

**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.

Rola Services, LLC

Certificate of Status	0
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W11-27062

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EMPIRE CORP KIT

May 17, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: ROLA SERVICES, LLC

REF: W11000027062

HAY 17 AN 8: 12 SECRETARSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

FAX Aud. #: H11000133043 Letter Number: 611A00012124

P.O BOX 6327 - Tallahassee, Florida 32314

H11000133043

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ARTICLE I - Na	: Tan (A.)		至 三 1
	imited Liability Cor	mpany is:	日
The man of the			型ミト
Rola Service			SSER
(1)	Aust end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	F. C.
ADDICE DEL	M. Normana		FISH W
ARTICLE II - A	.daress:	s of the principal office of the Limited	d Liability Company
i ne maning accor	CSS and Sireet Builties	s of the principal office of the connect	Simonic Company Si
Principal Office	Address:	Mailing Address:	
17260 NW 91 Pla	ce	172 8 0 NW 91 Place	
Miami, FL 33018	<u> </u>	Miami, FL 33018	
The name and the	e Florida street addre Lida Euceda	ess of the registered agent are:	Effective Date 05/14/11
		Neme	
	17260 NW	91 Place	
	Flori	ida street address (P.O. Box NOT acceptable)
	Miami	_{FL} 33018	
		City, State, and Zip	
Umino been non	and as suraintamed agen	nt and to accept service of process for t	the allowing member of Viscovier of
		m and to diccept service of process for t mated in this certificate, I hereby accep	
registered agent a	and agree to act in thi	is capacity. I further agree to comply w	with the provisions of all
statutes relating	to the proper and co	mplete performance of my duties, and)	l am familiar with and
accept the obli	igations of my positio	on as registered agent as provided for b	n Chapter 608, F.S.
	a		
	1 - 17 c	noda)	
		LXXIII V	
,	Registered Age	nr's Stanature (REQUIRED)	

(CONTINUED)

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H (1000/33043

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Lida Euceda 17250 NW 91 Place Miami, FL 33018
	ASSET A
	FLORITE
(Use attachment if necessary)	

REQUIRED SIGNATURE:

Signature of a member of 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.)

Lida Euceda

Typed or printed name of signee

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