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T. CLINE
SEP-7 2011
EXAMINER

COVER LETTER

Division of C		
_{subject:} Rotor	Man, LLC	
Soldie 1.		ited Liability Company
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.
Please return all corres	pondence concerning this ma	atter to the following:
Daniela	Ronchetti	
		Name of Person
Daniela l	Ronchetti dba Bu	usiness Management
		Firm/Company
71 Emer	ald Woods Dr. F3	•
		Address
Naples FL	34108	
<u> </u>	С	ity/State and Zip Code
rotor_man7	6@yahoo.com	
	E-mail address: (to be used	for future annual report notification)
For further information	concerning this matter, pleas	se call:
DANED P	Y/(1)====	at (239) 298-9800
Name	of Person	Area Code & Daytime Telephone Number
Enclosed is a check f	or the following amount:	
] \$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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	Street/Courier Address Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

WESTERNAY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Rotor Man, LLC		
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	· · · -
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
16472 91 Place North Loxahatchee, FL 33470	16472 91 Place North Loxahatchee, FL 33470	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	stered Agent. You must designate an indiv	
The name and the Florida street address of the	registered agent are;	
Daniela Ronchetti		
Name		
71 Emerald Woo	ds Dr. #F3	
	dress (P.O. Box NOT acceptable)	
Naples	_{FL} 34108	
City, St	ate, and Zip	
Having been named as registered agent and to liability company at the place designated in tregistered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered Agent's Signature (CONTINE)	this certificate, I hereby accept the y. I further agree to comply with erformance of my duties, and I am stered agent as provided for in Court (REQUIRED)	ne appointment as n the provisions of all n fam <u>ili</u> ar with and
Page 1 of 2	2	per les e

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Rakesh H. Williams
	16472 91 Place North
	Loxahatchee, FL 33470
	•
· · · · · · · · · · · · · · · · · · ·	
	·
	
	the date of filing: 09/01/2011 (OPTIONAL)
CLE V: Effective date, if other than t	
CLE V: Effective date, if other than t effective date is listed, the date must	
CLE V: Effective date, if other than t effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior
CLE V: Effective date, if other than teffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other than teffective date is listed, the date must of days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section of constitutes an affirmation under that any false information degree felevisions.)	t be specific and cannot be more than five business days prior the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
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CLE V: Effective date, if other than teffective date is listed, the date must to days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section of constitutes an affirmation under the lambda and false information to constitutes a third degree fellows.) Filing Fees:	aber or an authorized representative of a member. 508.408(3), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)