

L12000051862 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

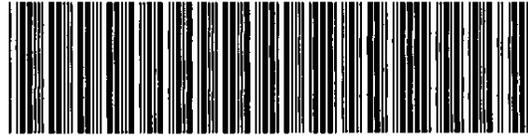
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

B. BOSTICK  
APR 17 2012  
EXAMINER

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BEDROCK GLOBAL INVESTING, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EUGENE IWASKOW  
(Name of Person)

BEDROCK GLOBAL INVESTING LLC  
(Firm/Company)

102 DI HALF MOON CIRCLE  
(Address)

LANTANA FLORIDA 33462  
(City/State and Zip Code)

For further information concerning this matter, please call:

EUGENE IWASKOW at ( 561 585 8650 / 908 463 5748 )  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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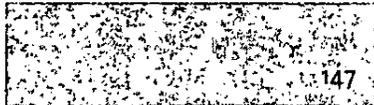
FILED

Enclosed is a check for 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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BEDROCK GLOBAL INVESTING, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C..")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

102 DI HALF MOON CIRCLE  
LANTANA, FLORIDA  
33462

102 DI HALF MOON CIRCLE  
LANTANA, FLORIDA  
33462

**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:

EUGENE IWASKOW  
Name

102 DI HALF MOON CIRCLE  
Florida street address (P.O. Box **NOT** acceptable)  
LANTANA FL 33462  
City, State, and Zip

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*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..*

Eugene Swarkow  
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

EUGENE IWASKOW  
102 DI HALF MOON CIRCLE  
LANTANA, FLORIDA 33462

MGRM

WANDA IWASKOW  
102 DI HALF MOON CIRCLE  
LANTANA, FLORIDA 33462

MGR

STEVEN ROTHERMEL  
102 DI HALF MOON CIRCLE  
LANTANA, FLORIDA 33462

MGR

MICHAEL IWASKOW  
102 DI HALF MOON CIRCLE  
LANTANA, FLORIDA 33462

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

EUGENE IWASKOW

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)

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