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TOTAL STATE OF STATE

JUN 1 2 2012 T. HAMPTON

COVER LETTER

TO: Registration Division of C			
SUBJECT:	ROHAN LLC Name of Limited L	lability Company	
The enclosed Articles	of Organization and fee(s) are sub-	mitted for filing.	
riease return an corres	spondence concerning this matter to		
	LaToya R	edmon - U	Ison
	Fir	m/Company	
	1416 Colo	rado St Address	•
	Tallahasse	FI 32304 ate and Zip Code	
_			
	E-mail address: (to be used for f	uture annual report notification)	
For further information	n concerning this matter, please ca	N:	
ha Toqa Nam	Redman-Wilson at e of Person	Area Code & Daytime Tel	7389 ephone Number
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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	is .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	:
RayandIC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1857 W Tennessee St	1416 Colorado St
Tallahassee, FL 32304	1416 Colorado St Talahassee, FL 32304
Tallahasee City, S	edmon - Wilson e St ddress (P.O. Box NOT acceptable)
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
(CONTI	NUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Rohan Wilson 1416 Coloradost Tallahassee FL 32304
MGR	R. Rochester Wilson 1857 W. Tenessee St
-	Tallahasser FL 32301(
	
(Use attachment if necessary) LE V: Effective date, if other to the date.	than the date of filing: 6 12 12 (OPTIO)
LE V: Effective date, if other t	than the date of filing: 6 12 12 (OPTIO) must be specific and cannot be more than five business of
LE V: Effective date, if other tfective date is listed, the date	than the date of filing: 6 12 12 (OPTIO) must be specific and cannot be more than five business of
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business of
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of the date of filing of the date of filing.	than the date of filing: 6 12 12 (OPTIO) must be specific and cannot be more than five business of member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. Is information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of the date of filing of the date of filing.	must be specific and cannot be more than five business of a member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document cion under the penalties of perjury that the facts stated herein are true. The information submitted in a document to the Department of State